

The New York Medical Times

VOL. XX.

NEW YORK, JANUARY, 1893.

No. 10.

ORIGINAL ARTICLES.

NERVOUS MATTER, WHAT IS IT?

By JAMES A. CARMICHAEL, M. D., NEW YORK.

"DOES the chorda tympani impart a specific stimulus to the sense of taste, and if so, what is the nature of that specific stimulus?" We proposed the above inquiry in following out the discussion of the history and functional properties of one of, if not the most, interesting and important members of the tympanic plexus. By the physiological records upon this subject, we are told that the anterior two-thirds of the tongue are supplied with a gustatory sense by this nerve, which may be impaired or obliterated by the supervention of paralysis of the facial involving this branch of it. Let us look a little into the subtle nature—for that it is a subtle nature and of a specific character, we hope to be able to show—of the gustatory sense imparted by the chorda tympani. In order to get at that subtle nature, even approximately, we must follow our usual plan and method of investigation, and examine the biogenic organic structure of the nerve, and see to what it owes its power to contribute to, and, as it were, refine the sense of taste. What is its genealogy? What is the parental stock from which it proceeds? By anatomy we are instructed that it is an offshoot from the facial, and that the facial is "in loco parentis" as respects the chorda tympani, and therefore it must, of necessity, inherit the progenitive nature and quality of the nervous matter, and hence of the nervous force of the facial, the "portio dura" of the seventh pair. The term "dura"—hard—as applied to the facial, is, of itself, sufficiently significant of its nervous matter, and of the degraded quality of its nerve-force. We have abundantly seen that in the processes of proto-biogenesis, all life, of whatever character, is projected into existence, and made, and fashioned, and regulated in conformity with the organic nature of the primitive, primordial cell that begets it. This is inexorable, and as we have before declared, "No cell of the cortex of the brain can possibly generate bone, and *vice versa*, no osteoblast can possibly evolve thought, or be productive of a moral or emotional impulse." Then, to return to our facial nerve and its offspring, the chorda tympani, microscopic analysis of the former as respects its organic structure, and the results of physiological experi-

mentation upon it in living animals, and of the invasion of its substance by paralysis, all sufficiently prove its essentially motor functional quality and operative influences. Then consistently with the law that obtains throughout the whole realm of animated existence, the law of hereditary transmission of progenitive qualities and properties of whatever kind and character, the chorda tympani must inherit a vicious degradation of its functional attributes by reason of the parental source from which it springs. If that be really so, then as we view it passing across the tympanic cavity, and insinuating itself between the two ossicles of the tympanic bridge—the malleus and incus—we must, though reluctantly, conclude that its peculiar transit, and its intimate association with these bones, must be solely, that it may receive, and be impressed by ossicular vibratory movements. Why, for what purpose? Is it to keep alive its electric life and motor power by the molecular agitation through sonorous vibration of the component elements of its organic structure, and according to the suggestion we have elsewhere ventured to make as the result of the peculiar juxtaposition or approximation of those component elements? That being so, then the chorda tympani is but of degenerate stuff after all, a mere common carrier of common motor power, and must impart to the tongue the same quality of nerve-force as that assigned to the special glossal motor-nerve, the hypoglossal. But we have a far higher estimate of the gustatory beneficence—if it may be so expressed—of this offspring, seemingly born of the facial. We say *seemingly*, because we are confronted with the law of "the eternal fitness of things," and consistently with that law, and with what we believe, and will try to prove, the contribution to man's gustatory enjoyment bestowed by the chorda tympani, must come from a more refined and delicate source than can be claimed by the facial nerve, or have any affinity with the power hereditarily transmitted by that nerve. Where shall we look for the source of the subtle gustatory influence which we believe to be conveyed by the chorda tympani? Does our reader recall the "intermediary nerve of Wrisberg?" The "Portio inter duram et mollem," to which we have already adverted, and called his attention to the significance of the association formed in the "meatus auditorius internus" by the facial, auditory and Wrisberg's intermediary nerve? We will repeat the words we then used.

"Mark this link between the auditory nerve, the special sense of hearing, and the facial, the great motor and expressional power of the face, and the union of these two with the sense of taste by the chorda tympani, we shall have occasion to make of it a very significant application." If we follow Wrisberg's nerve, we shall see that in the aqueduct of Fallopius, into which it passes in company with the facial, and before the giving off of the chorda—the reader will mark this special fact—it presents a gangliform enlargement of its substance. It then becomes bodily incorporated with the facial,—another fact in its history—and the chorda tympani subsequently issues from the body of the facial, and makes its way across the cavity of the tympanum, to effect its junction with the lingual or gustatory branch of the inferior maxillary division of the trigeminus. Now what do we make of all this? Simply that the chorda tympani is no degenerate scion from a coarse and vulgar progenitor, as represented by the facial, but that material of a subtler, nobler quality has been infused into it by the contact and companionship, or, if you prefer it, the transfusive interblending with it of a nerve force, unknown to the facial, and which it is incapable of transmitting. What does that gangliform enlargement of Wrisberg's nerve mean? It means "*substantia gelatinosa*," and all that that implies! It means the endowment of the chorda with a specific quality of power, derived from a ganglionic source, thereby making it one of the innumerable links in the great sympathetic chain that holds us in close embrace, and animates us with its ever-renewed and subtle vitality. The chorda tympani then is not merely the purveyor of a sense of taste to the tongue, but it unites gustation, and the enjoyments springing from its physical indulgence with the endless host of sympathies, emotions and passions that agitate and thrill us when under the spell of that indulgence. We have but to recall the mere tendrils of its companionship in the tympanic cavity and out of it, with facial, glossopharyngeal, trigeminus, pneumogastric and hypoglossal nerves, and indirectly with olfaction, vision and audition by the third member of the olfactory trinity; spheno palatine and ophthalmic ganglia, the auditory by the influences exercised by sonorous impressions, and the great sympathetic with its vaso-motor and other vital forces, to know why the joys of the social gathering at the hospitable board, beginning at tongue-tip and nostrils, chase each other downward through mouth, palate, pharynx, and œsophagus, stomachward, then upward to look out through lens, pupil and cornea, and break out with smiles and laughter all over the bright and happy faces—particularly if it be a symposium of the gentler sex, and evoked by tea and talk, with may be—Heaven save the mark—a little, *very little*, modicum of gossip and the usual *condiments* of char-

acter vivisection, just to season the tea, you know. Now the pleasure mounts as high as though the board groaned with the viands set forth by a voluptuary Mæcenas or a sybaritic Lucullus, and as though all the "*cognoscenti*" of the gastronomic art, and the revellers in the "*deliciæ*" of tongue and palate, had been bidden to the feast. Can the chorda give all these delights? If so, then it would be physiologically inconsistent to deny the legitimacy of its birthright, and its descent from the highest type of ancestral nerve-matter. The question might arise here why the chorda is so intimately associated with the facial as to seem to emerge from its body, just before its transit across the tympanic cavity? We have elsewhere adverted to the close affiliation of nerves of motion and sensation, as, for example, in the brachial plexus, where a strand from the one nerve may pass into the sheath of another, as though to coalesce with it. The only explanation or even conjecture we can venture to offer for this is, that the sensory nerve-tendril is thus sent, and made to impart the stimulus of its sensory vitality to the duller and grosser motor, and so vivify the projectile force of its motility. We have only to reflect a moment upon that wonderful portion of the human organism, the hand and fingers, and their responsive subservience to mental and emotional needs, and their prompt fulfillment of the behests of the volitional powers of the mind, to recognize at once, the necessity for the combination and harmonious co-operation of motor and sensory force, and to be always on the "*qui vive*," and always ready to give physical and practical manifestation and representation of those behests and commands. So it is with the chorda and the facial. The molecular motor agitation, or, better still, molecular motility of the facial imparts itself to the chorda, and thus enhances its gustatory properties, and, vice versa, as we shall see by-and-by, it must be a dull face indeed that, under the motor influence of the portio dura, and the subtle sensory force of the trigeminus, will begrudge and restrain the expression of satisfaction and contentment when tongue and palate are being soothed and flattered with the "*good things*" provided by bounteous nature, and that are rolling over them, and sending the sensation back to the cortex that will soon cause it to generate in its wonderful cells, the thought of "*lengthened sweetness long drawn out*," and the wish that it was a mile from tongue to stomach.

Another feature in the history of the chorda tympani presents itself for consideration just here, and that is to determine, if possible, the exact quality of gustation imparted by it to the tongue, and that contradistinguishes it from other glossal nerve-forces. It is well known that in the vine-growing and wine-producing countries of Europe, there is a certain class of experts who have so educated their sense of taste as to ac-

quire a perfection, or rather a gustatory discriminating perception that enables them to determine at once, and pronounce upon the different qualities of wines, etc. This they do with such precision that whatever peculiarities or incidental circumstances may have attended the vintage from which a wine has been produced, such, for example, as respects vicissitudes of climatic change, undue thermal or athermal atmospheric conditions, deterioration of the vinous quality by bacillar visitation, especially in the days of the destructive phylloxera, before Pasteur came to the rescue, all such imperfections were readily detected and declared. Their accuracy even went so far as to indicate the year in which the grape was grown, the chemical qualities of the soil from which it sprang, the time at which its succulent juices were yielded to make the nectar that gladdens the heart of man, and in the words of the inspired bard, "mounts me to the brain." All these and more detective qualifications have and still distinguish these experts. In Austria and in Hungary and the region around Buda-Pesth, and especially in that favored region which produces the far-famed and exquisite Tokay—the "Tokayer Ausbruch"—their distinguishing names are "Kostnn" and "Frobirn." A word in relation to this rare vinous gem, whose delicious flavor, once committed to the glossal gustatory sense, can never be wholly forgotten. Its praises have been sung by statesmen and learned men in law, viz., Gladstone, Chief Justice Coleridge and others; poets—Longfellow, "surely neither King nor Kaiser ever tasted better," Oliver Wendell Holmes, "The melted Topazes, squeezed from the grapes of Hungary," and a host of physicians, all attesting its healing and strengthening benefits to the sick. It is but due to the introducer of this exquisite vintage—yield, "Lorenz Reich," of the Cambridge, that his name should be made familiar as one of the comforters and benefactors to the sick and suffering, and a contributor to the joys of tongue and palate of those whose gustatory sense is perfect and needs no physician. In no country has a greater perfection been reached than can be found among the "Dégustateurs" of France, and no vinous imperfection or impurity can elude their gustatory sensibility or sensitiveness. We are here reminded of an anecdote illustrative of this acuteness and accuracy of taste possessed by certain individuals, who are not professional "tasters," so acute and sensitive that they can not be deceived. Many years ago there lived in South Carolina, a gentleman who was well known as possessing, in a high degree, this power of gustatory discrimination. He was also distinguished for his abilities and accomplishments as a scholar and a man of intellectual cultivation. Among his friends was one, at that time occupying a prominent position in the Councils of the Nation,

and whose name would be readily recognized, were we to repeat it. On one occasion, a dinner party was given by him, and it was previously agreed that a mild joke would be perpetrated upon the "Dégustateur" in order to test the accuracy of his sense of taste.

In those days South Carolina, and particularly its most prominent city, Charleston, was famous for the rare excellence of the vinous productions of Madeira that were tenderly cared for and protected in the bins and cellars of its cultivated society. When the time came for the crucial experiment, the host, without giving any opinion of his own of a certain wine, asked for that of the expert as to its merits. Amid profound silence, unbroken by the—with difficulty concealed—mirth of those who were in the secret, the glass was raised to the lips of the expert taster, and the generous juice was committed to the chorda tympani and the other glossal instruments of gustation. He said, unhesitatingly, "That wine is such and such a Madeira, its age and vintage are so and so (giving the periods), and it has been kept in bin and cask for so long a time (naming the time)." He raised his eyes in some astonishment at the roar that succeeded, and the host added to the mirth by calling a servant, and telling him to say what he knew about the wine that had just been subjected to the experimental test. The servant declared that, by direction of the host, he had, that morning purchased the wine of a neighboring grocer. "Enjoy your laugh gentleman," said the expert, "but I still stick to my opinion as expressed, and will stake my reputation as to its accuracy." It was afterwards discovered that the wine had been stolen from a gentlemen's cellar and sold to the grocer, who dispensed it without being conscious of its value and rare vinous quality. Thus did the "Dégustateur" turn the tables upon the jokers, put them to confusion, and illustrate the old French maxim—"Il rit bien qui rit dernier." He laughs well, who laughs last. Now then, "let's return to our mutton," and ask the question: What part of this exquisite gustatory sensibility is played by the chorda tympani, what by the glosso-pharyngeal, what by the lingual branch of the inferior maxillary division of the fifth pair—trigeminus—what by the hypoglossal and finally, and most importantly, what are the sympathetic associations connected with gustation. Whoever has seen Jefferson in the play of the "Rivals," and who has not? will remember that Sir Lucius O'Trigger, in felicitating himself upon the prospect of the duel, exclaims: "It's a very pretty quarrel as it stands." So we say, it's a very pretty question as it stands, and requires a mighty deal of nice consideration to determine as to the respective contributions of all these nerve-powers to perfect the sense of taste. But we won't give it up, "There's no such word as fail," so we'll

"buckle to," and if we should get into deep waters, we'll cry "Peccavi mea culpa," and like any other drowning man, lay hold of the first straw that comes floating by, acknowledge defeat, and get out the best way we can. The first step to take in investigating glossal nerve-force, is to follow the same plan as in discussing, olfaction and vision, and endeavor to prove a gustatory trinity, and to establish individual nerve-fibrillar gustation, just as we did in the tripartite sense of olfaction, and in the case of the rods and cones of the retina, and their relations to visual chromatic individuality, and as we shall hope to show, by-and-by, in the case of fibrillar audition. But before entering upon this investigation we must make a little "detour" here, and rub up our anatomy of the tongue, its muscles, and its papillæ.

THE THYROID GLAND.*

BY HENRY N. AVERY, A. M., M. D., MINNEAPOLIS, MINN.

THIS ductless gland has no excretory duct. Its color is of a brownish-red, weighing from one to two ounces, being larger in females than males, subject to increase in size during menstruation.

The gland consists of numerous closed follicles, containing a yellowish fluid, in which are found corpuscles and cells, the connective tissue surrounding these follicles have spaces between them, connected by small canals with each other, no canals between these spaces and the circulation have been observed, and how the secretion of the gland enters the systemic circulation is not known. In the adult the gland-tissue being spongy and vesicular.

The arteries, veins and lymphatics are numerous and large. The nerves are derived from the pneumogastric, and from the inferior and middle cervical ganglia of the sympathetic.

The thyroid gland has the function of neutralizing certain products of the system, harmful to the nervous system, one of which may be to prevent the accumulation of mucin in the tissues.

Grützner states that if the blood of an animal, from which the thyroid had been previously extirpated, is infused into the veins of another animal, the latter shows symptoms similar to those observed by Kocher in cachexia thyreopriva, and also to those of operative myxœdema in man.

S. Autokratoff found, on examination of spinal cord and brain of animals with extirpated thyroid, changes in the cord marked, and the gray matter cloudy and infiltrated with leucocytes.

Some of the diseases of the thyroid may be considered to include bronchocele or goitre, with the gland enormously hypertrophied. Exophthalmic goitre or Basedow's disease, with an enlarge-

ment and hyperæmia of the thyroid body, protrusion of the eyeballs, cardiac palpitation and anæmia. Myxœdema, result of atrophy or absence of the gland. Cretinism, due to "arrested development of the nervous system and bodily organization generally," result of, Hanan thinks, deficiency of gland-tissue, and excess of connective tissue, goitre of pregnancy, in certain females.

Maffei says, "endemic goitre is the beginning of that degeneration of which cretinism is the end."

Exophthalmic goitre, with enlargement and hyperæmia of the thyroid body, with protrusion of the eyeball, are caused by dilatation of the vessels in the thyroid body, and behind the eyeball, the cardiac palpitation by derangement of the circulation, owing to some vaso-motor disturbance, which allows of their passive dilatation, in the neck and orbit, at the same time causing an excited action of the heart. It is most common in females between twenty and thirty years of age. The lesion is undoubtedly situated in the medulla oblongata, and possibly the cortex. Hysteria and its hallucinations sometimes follow this disease.

The treatment is varied and uncertain. Strophanthus, carbazotate of ammonium, warm baths, galvanism, pressure over thyroid, partial extirpation of gland, iodine, bromine, etc.

Myxœdema, atrophy of the thyroid, is a specially interesting disease, with symptoms of subnormal temperature, swelling of integuments, dryness of skin, alopecia, uncertain movements, slowness and thickness of speech, loss of sleep and appetite.

The treatment for this disease is simple—grow a new thyroid—but to carry out the treatment is another thing. "Similia similibus curantur," will here display its priceless jewel of application. Bircher thinks it is well to drink waters from a goitrous region. Horsley advises transplanting the thyroid of the sheep under the breast or in the abdomen. Bettencourt and Serrona report a case, of several years' standing, greatly improved by transplanting of a portion of a sheep's thyroid under the skin. Merklen reports a similar case with rapid disappearance of some symptoms and improvement of others.

Hector Mackenzie feeds his patients on fresh thyroid glands of the sheep, with great improvement of symptoms.

The pathology of Myxœdema shows no constant morbid lesions. M. Trousseau thinks it is a neurosis, having its proximate cause in a change of the vaso-motor apparatus, and that the anæmia follows rather than precedes the characteristic symptoms.

Some account for the atrophy of the gland in an increase of the connective tissue, and atrophy and diminution of the nerve-cells in the cervical sympathetic, and of the fibers supplying

* Read before the Minneapolis Homœopathic Medical Society.

the inferior thyroid and vertebral arteries in addition.

It is well settled that the thyroid gland plays an important part in the economy of the system, and its absence produces distressing symptoms, and the location of the "curative gland," whether in the neck or abdomen, under the skin or in the stomach, seem to produce a curative action of the disease, and may be some of our pharmacists will prepare a glycerole or some preparation that can take the place of the gland itself.

AMONG THE JOURNAL CONTRIBUTORS.

(SECOND PAPER.)

BY SHELDON LEAVITT, M. D., CHICAGO, ILLS.

IMMEDIATE ATTENTIONS DUE THE WOMAN AFTER DELIVERY.

ALEXANDER DUKE, F. R. C. P. I., in the *Satellite*, for June, has a very practical paper on "The Importance of Examination of the Genital Tract Directly After Labor," in which he discusses not only the question of such examinations, but also that of uterine irrigation as a prophylaxis of puerperal infection. Hot water intra-uterine douching is recommended as a preliminary to thorough examination for uterine, vulvar and vaginal injuries, revealing the tears and preparing them for neat suturing.

I do not take any exception to vaginal irrigation after labor, but I most emphatically do to uterine irrigation as a routine practice. The average practitioner has not yet become thoroughly impregnated with the aseptic idea, and would be more likely to carry infection into the uterine cavity than to prevent it. Then, too, we are told by those who have had ample opportunity for post-mortem examination of women recently delivered, that the mouths of the fallopian tubes are often surprisingly patulous, offering slight barriers to entrance of the injected fluid into the peritoneal cavity. Moreover, for the purpose of examination and repair of injuries the procedure is far from necessary. Thoroughly wash out the vagina with a gentle stream, which should be so directed that it will not enter the uterine cavity, and cleanse the vulva; but it is far safer to go no higher.

I am heartily in accord with this writer in the matter of repair of all lacerations of the vulva and vagina resulting from labor, and I have elsewhere given explicit directions for such procedure, which I need not here repeat; but for lacerations of the cervix I am not yet prepared to recommend operative work to the general practitioner. Lacerations of the cervix are not always easily recognized, either through the sense of touch or vision. I have found that irregularity of the os does not necessarily mean laceration of the part, and even

the most expert may sometimes be deceived. In those cases wherein there is unquestionable solution of continuity, he who is accustomed to vaginal work will do well to bring the torn surfaces into apposition. Indeed, I do not hesitate to say that, in certain cases wherein previous laceration is known to exist, if other lesions demand my attention, I should freshen the soft margins of the old tear, by removing a wedge-shaped piece, and apply cat-gut sutures as I would to a simple laceration.

POTENCIES.

In the New England *Medical Gazette* appears a report made by Dr. Conrad Wesselhoeft, of Boston, as chairman of the Committee on Pharmacy, at the last meeting of the Institute.

I had the pleasure of listening to this scholarly paper when read by Dr. Wesselhoeft at the meeting, and with many of his conclusions and recommendations I found myself in perfect accord; but there were certain others, to which, had I not been crowded out by more prompt and zealous speakers, I should at the time have taken exceptions.

I am not an adherent to exclusive high potency dogmas, though I frequently use what many regard as high potencies; but I respectfully dissent from the following statements:

"For the sake of argument, it may be admitted that it makes no difference whether we suppose the force separated from the substance or not, in either case it is lessened by such fearful strides that only too soon nothing is left of either matter or force."

"As we are unable to determine for drugs in general, or for any drugs in particular, the ratio of increase of strength, and only able to assume by generalization that expansion or surface increases and develops molecular drug power; we are equally unable to determine at what stage of potentization a potency may cease to be practically useful before the substance reaches the point of extinction, which is reached somewhere between the twentieth and twenty-fourth decimal."

My own observations, made in the course of a busy practice, yet with some care and discrimination, though, I should say, with considerable incredulity, give a flat contradiction to these assertions. *Graphites, calcarea carb., lycopodium, sulphur*, and a few other remedies, I never use below 3x, and I am as fully convinced that these remedies, in this potency, have wrought good results, as I am of any fact in my medical practice.

THE PERINEUM AGAIN.

In the August number of the *Medical Advance* is a well written paper from the pen of our good friend Dr. Winterburn, on "The Perineum in its Relation to Normal Labor." Dr. Winterburn always turns out good papers; and I am reluctant

to make any criticism of this one; but there are two or three points which I must touch upon.

It was not long ago that the *Homœopathic Journal of Obstetrics*, of which Dr. Winterburn is the able editor, gave us a symposium on laceration of the perineum, and yet it appears that we are not through with the subject. I stoutly maintain, much testimony to the contrary notwithstanding, that a certain amount of laceration of the part is, and is always likely to be, a frequent occurrence in the practice of the most skillful. Few of us often have extensive tears, but slight lacerations, involving the anterior margin of the perineum, frequently occur.

"It would be a sign of healthy growth in scientific midwifery," says Dr. Winterburn, "if our young men were taught by the professors of obstetrics in our colleges, that they ought to be ashamed of themselves if any of these so-called 'accidents' are many times repeated in their practice." After further words of similar import the doctor goes on to relate a case in which he "got the baby delivered without even a nick of the fourchette," and then, speaking of stitches, he adds, "I always put them in myself, if there is a tear extending further than the fourchette."

It is the ambiguity of this term "fourchette," as ordinarily used, which has given rise to so much apparent difference in results. I have almost invariably found that those who profess to have wonderful immunity from perineal laceration are those who regard the thin margin of the perineum at the posterior vulvar commissure as the fourchette, and therefore not to be reckoned as a part of the perineum. Let those who are laboring under this delusion turn to their treatises on anatomy and find that the fourchette is a thin strip of mucous membrane within the vulva, forming no part of the commissure.

When once we agree on significance of terms we will find that our results are not so divergent after all, whether we are in accord on preventive measures or not.

THE TREATMENT OF SYPHILIS.

By CHARLES DAKE, M. D., HOT SPRINGS, ARK.

I WILL not enter into the ætiology, histology and pathology of syphilis, but will first call your attention to the diagnosis of this most ancient and much dreaded disease.

I find that physicians, as a rule, are too prone to call all lesions of the genitalia syphilis or chancre. In so doing they seem to lose sight of a very important fact, which is, that true syphilis can not become manifest, after its absorption or introduction into the circulation, before the fourteenth day and very frequently not till the twenty-first day, and, in rare cases, not until much more time has elapsed. Hence I think too much can

not be said regarding the danger of a diagnosis which is based upon the appearance of a primary sore.

The very name of the disease, pox, would indicate, very clearly, that the disease has an incubative as well as eruptive stage, that is peculiarly its own. And I claim that no physician should diagnose any case, as positively one of syphilis, until the secondary symptoms are manifest to a sufficient degree, to make it absolutely certain. By so doing all mistakes as to diagnosis can be avoided; but so long as physicians persist in calling all or nearly all primary sores chancre, and then start with medicine, we will have mistakes in diagnosis as well as treatment.

Having practiced in Hot Springs for over nine years where such cases do congregate, and having treated hundreds of cases of syphilis, I feel that I have a sufficient experience with the disease, in all its stages, to say that fully thirty-three and a third per cent. of those coming to Hot Springs with syphilis and who are treated for it, have never had the disease. It is too frequently the case that the physician takes the word of the patient for it, and makes no examination to satisfy himself in regard to the presence of syphilis. It is my rule, with all primary sores, to give absolutely no medicine, but depend upon local and hygienic treatment, making absolute cleanliness the first object. If the case be one of syphilis I will find, at the end of the sixth week, in 98 per cent. of the cases sufficiently marked secondary manifestations to make the diagnosis certain.

Then, and not till then do I alarm my patient by telling him that he has a disease which is so much dreaded by physicians and laity.

Right here let me say, that I consider it essential to explain to the patient the nature of the disease, and the probable course it will run, and at the same time to impress, indelibly upon his mind, that the absolute cure of the disease depends as much upon himself as upon his physician.

I also endeavor to point out the two great dangers that now threaten him, which are, insufficient treatment on the one hand and too heroic a treatment on the other. I find in all schools of medicine that the same mistake is made, as some do not give enough medicine while others give too much. And let me say with emphasis that I would much prefer to treat cases where they have not had enough, than too much medicine, as I always feel confident of relieving the former cases, but not even the Hot Springs' waters, with their all pervading powers, can eradicate the mercurial poison when once it has found a permanent lodgement in the human system.

Each case should be treated with care, and treated according to the peculiarities of the constitution and the present physical condition of the

patient. No set rule can be laid down for the treatment of all cases except, to do for each case what seems to be the best thing possible for a specific blood-poison; and that is, to build up the general condition of the patient by allowing only the plainest and most nutritious food, and to absolutely order the discontinuance of all spirits, narcotics and tobacco in every form. Frequent baths, regular habits, plenty of sleep and exercise, I find to be of the greatest possible importance.

As to medication in the secondary stage of the disease, as before stated, I have no rule, but I find that the two remedies most beneficial to the majority, are mercurius and arsenicum. These remedies will, in the majority of cases, if the general hygienic treatment be followed, soon control the symptoms, and it is my custom to push these remedies till they do, or until I see that they will not do so. I then turned to kali iod. either singly or in combination with some of the so-called "alteratives." If a case which has been under mercurius for some time does not get better I find that the kali iod. will frequently act as though by magic. This treatment of the secondary stage I advise for at least two years, and then for the third year I usually advise that a so-called "mixed treatment" be taken every other month for a year. I advise that each case take medicine for at least three years and some for five years, or until it is impossible to find any of the symptoms of the disease present. I have no faith in the "abortive treatment" by the heroic doses employed by many, in the hope of curing the disease in from six to twelve months.

In regard to the doses of mercurius, I will say that no rule can be made, as each case requires to be studied and the dose suited to the individual. My custom is to watch the case closely and to gradually increase the dose till I see marked improvement in the symptoms, and then to hold to that dose and at the same time watch to see if my patient loses or gains flesh.

If flesh is gained and the symptoms yield, I know that I am not overdoing, but if the symptoms grow better and the patient loses flesh I know that I am pushing the remedy too far and immediately reduce the dose or discontinue it for a few days.

I look upon mercurius, in the treatment of syphilis, as curative in two ways. First as a positive and most potent antidote to the poison of the disease and as decidedly the most perfect similitum.

In regard to the administration of kali iod. I would say that I do not find it necessary, in the majority of cases, to resort to the extreme doses, but in some of the severer forms of advanced secondary and tertiary symptoms I find it necessary to employ immense doses for a few days, or until the disease is controlled.

I presume you are ready to ask me what special

good is to be realized by syphilitic patients coming to Hot Springs. I will briefly say, in reply, that our control over such cases here, removed from the cares of home and influence of bad associations, is more immediate and effective, to say nothing of the benefit of bathing in, and drinking the thermal waters.

In conclusion will say, that I have no faith in any of the rapid cures for syphilis, but advise a long continued medication, and I believe that at least ninety-eight per cent. of the cases will completely recover.

THE FEEDING OF NERVOUS INVALIDS.

BY EDWARD C. MANN, M. D., F. S. S.,

President of New York Academy of Anthropology, Fellow and Gold Medalist of Society of Science, Letters and Arts, London; Member of Royal Asiatic Society of Great Britain and Ireland; Physician-in-Chief to Sunnyside Private Hospital for Diseases of the Nervous System, Alcoholism and the Morphine Habit, 128 Park Place, Brooklyn. Consultation Office, 83 Madison Avenue, New York.

IN THE diet list of our patients we pay especial attention to the relative value of foods and the physiological laws governing their use. We aim by a careful regulation of the diet to supply to the body heat, energy, lubrication, rotundity of form and elements for glandular, muscular and all tissue construction, and such compounds containing sulphur as fulfill the office of ferments.

We aim to have ingested into the body such material which, when brought under the influence of oxidation, will yield energy, which is the expression of vital activity. We want the largest working power for the amount of food taken. We also pay great attention to proper cooking, so that the food may be presented in an easily digestible form. The carbo-hydrates are supplied in nearly the requisite quantity by the natural fats of the proteid food stuffs and the small amount of vegetables allowed in our diet list. I exclude vegetables largely in my dietary computation, for the reason that their use requires an enormous outlay of oxygen, and thus necessitates the formation and handling by the glandular organism of the body of an excessive amount of incomplete nitrogenous excrementitious elements. I aim to get by food great concentration of energy, physical ability and mental activity, and, as I have said, get for the body heat, energy, rotundity of form, elements for anabolic processes and important constituents for the ferments, and to limit the amount of food ingested daily to a degree where, other things being normal, no products of incomplete metabolism will appear in the urine. The oxidation of the proteids and their combined fats, plus a minimum quantity of cereals, supply all the energy needed per diem. In this manner my patients, who I make proteid

feeders, can withstand disease better, are capable of greater concentration of energy and mental activity, and, after leaving my sanitarium, live a longer and more successful existence than those in some other institutions where diet receives little or no attention. My diet table, therefore, is made up principally of the meats, milk, oysters, fish of all kinds, including the crustaceæ and molluscæ, eggs, cheese and all allied substances as the principal diet, while potatoes, bread, beans, oatmeal, peas and rice are allowed to be eaten sparingly. We rely, therefore, on a diet which requires the least vital force and oxygen to digest, assimilate and appropriate it, and we claim to get much quicker and more lasting recoveries in the field of diseases of the nervous system by the careful regulation of the diet, combined, of course, with an appropriate therapeutic treatment, than we could without it.

CLINIQUE.

APPENDICITIS, WITH REPORT OF A CASE.

BY W. W. GRANT, M. D., DENVER, COLORADO.

THE expression *typhlitis* seems almost as familiar to the non-professional as to the mind of the physician and surgeon. When so much is said and written concerning a thing it is exciting much general interest and is either better known and understood, or more frequent than formerly. The former is doubtless correct. It is a safe assertion that until within a very few years little was known of its etiology and pathology. The McBurney point is the latest diagnostic sign of interest, if not of importance. In every case of diseased appendix he asserts the existence of tenderness on point pressure $1\frac{1}{2}$ to 2 inches from the anterior superior spinous process of the ilium on a straight line from this process to the umbilicus, indicating the origin of the appendix. It may be well to use this information as confirmatory evidence in diagnosis, but hardly safe to rely upon it too greatly as an incentive to operation.

The journalistic literature of the disorders of the cæcal region is now quite extensive, bids fair to increase, and it is to be hoped the day is not distant when diseases of the cæcum and appendix will receive something like adequate consideration in the surgical text-books of the day. To-day every worthy general practitioner knows something of them, though still occasionally treated as typhoid fever or some pelvic disorder. Typhlitis and perityphlitis were long treated as separate and distinct disorders, when it is true that the latter is usually secondary to the former, and seldom exists as a primary and independent disease. While the more common of all—appendicitis—is a later revelation, and its best treatment in some important respects is still *sub*

judice. The appendix, though having submucous glands, seems worse than a useless piece of anatomy. Though there is this fortunate feature, its location in the ileo-cæcal fossa surrounded entirely by peritoneum; hence inflamed adhesions readily and rapidly occur which explains the comparative infrequency of peritoneal extravasation. Perityphlitis may exist independently from tuberculous disease of the mesenteric glands of this vicinity, and by suppurating perforate the cæcum; but this is rare. Influenced by the character of food and a constipated habit, the cæcum is distended by fecal accumulation which induces a catarrhal inflammation. Fecal matter seeds or other insoluble material more readily enters the appendix doubtless, and returning with greater difficulty induces inflammation and perforation. The inspissated mucus of the appendix becomes the nucleus of a foreign body, Erlach's valve probably acting as an obstruction to free communication between appendix and cæcum and doubtless causing the excessive dilatation of the former which has occasionally been observed. It is now conceded that when abscess results it is usually in its inception intra-peritoneal. Without surgical interference the pus will generally discharge externally beneath the outer half of Poupart's ligament; into the cæcum or peritoneal cavity. It is the business of the surgeon to operate in time to prevent either. Pus should be let out by free incision as soon as its existence is known, and the evidence of this is chills or chilly sensations, increased temperature, tumor, or a local oedematous state. What to do with the appendix and when to act in reference to it is a more debatable question.

Whenever general or severe localized peritonitis is present or imminent, as indicated by severe pain in iliac fossa, nausea and vomiting, accelerated pulse, and rigidity of abdominal muscles, the case fully justifies, if it does not absolutely demand, prompt operative interference. Laparotomy should be performed and the appendix removed, if possible, and the stump sewed. Ligation is not always a safe or reliable procedure to occlude the lumen. Some surgeons, following the suggestion of the late Dr. Sands, advise the very general removal of the appendix as the only safe proceeding against extravasation, general peritonitis and death. I doubt if this is a safe rule of conduct. The danger of extravasation is in many cases exaggerated, and the frequent resort to excision because of this fear or belief I do not believe justifiable. If the danger was as great as some teach the mortality would certainly have been greater, for these cases have been treated by all classes of physicians and recovery has been the rule without operation, though some have unquestionably died for want of it. The relapsing or recurring cases attended with or even without local peritonitis, are best

treated by excision of the appendix, the most promising time being during the quiescent state. In these cases foreign material is probably lodged in the appendix, and may be repeatedly discharged without perforation, but the organ is sensitive to intrusion, easily inflamed, and under such circumstances more than ordinarily dangerous from its ulcerative tendency. Hence its removal is demanded, either by lateral laparotomy, or by incision parallel with Poupart's ligament. To operate during the active inflammatory state may increase the danger by adding the element of traumatism; yet the conditions are sometimes such as to imperatively demand it, each case being governed by its own history and special indications. For abscess the oblique incision of Willard Parker a little above Poupart's ligament, extending above and beyond the anterior iliac spine, or the more limited incision in the iliac fossa is best. For general peritonitis due to extravasation, the middle incision or the incision of Sands to the right of the right rectus is doubtless best, as it is also for the removal of the appendix. Réclus of Paris, only wants to be assured of his diagnosis as the only condition demanding removal of the appendix. Treves would operate often, but urges cautious discrimination. McBurney, of New York, Fowler and Cruikshank of Brooklyn, Keen and Price of Philadelphia, especially would operate early within three or four days, without waiting for or depending upon the evidence of pus. Fitz says five-eighths of all cases should be operated on, and some of the cases treated medically, presumably successfully, should have been operated on. Of ninety cases recently collected by Bigelow, seventy-five per cent. were treated by operation, from opening and draining abscess cavities to resection of the appendix. Of these sixty-five per cent. recovered. Of the fatal cases over fifty per cent. were operated on and died in the first week of sickness. Of the twenty-nine cases treated medically, seventy-five per cent. recovered. I should not be greatly influenced by statistics in deducing conclusions. There are too many operators and too many varying factors to make them of great value in the present status of the matter. McBurney would consider the actual pathological state in determining the time of operation. This is a sound surgical principle and quite a safe guide to action in any diseased condition. The tendency of the physician is to needless and dangerous delay. While some cases demand early and prompt surgical intervention the wise surgeon will be governed by the special symptoms and history of each case, and will use the knife as early and as freely as these demand, whether few or many.

I desire to give the succinct history of a case of perforation of the appendix that has interested me greatly. In the summer of 1882, Miss M. G.,

a young school teacher, of Davenport, Iowa, suffered from typhlitic abscess, which opened in a tortuous tract beneath the outer half of Poupart's ligament. In 1883 she became my patient. On June 10, 1883, Dr. Edmund Andrews, of Chicago, saw the patient in consultation with me. I suggested exploratory operation and laparotomy if necessary, in order to find the opening and close it. From the history of the case and a prune seed extracted from the wound, I was confident it was through the appendix. The suggestion of laparotomy or exploratory incision was not endorsed, Dr. Andrews believing it dangerous and at that time unnecessary. He thought by enlarging the opening throughout its extent and making a counter-opening in the loins perfect drainage would be secured, and the opening might close without intestinal operation. But this result is not probable when disease is of long duration. Still the operation suggested, I at once performed June 10, 1883. Progress of the case was uneventful. Drainage was perfect. No severe inflammation resulted, and after being in bed two or three weeks she resumed her usual habit of walking with crutches and finally with stick. There was little lameness or contraction of psoas or iliac muscles at any time in the history of this case. The discharge (chiefly liquid) never ceased. She continued in this condition until January 4, 1885, when she submitted to the exploratory operation so long advised by me. I cut immediately down to the cæcum, opened the peritoneum, and searched for the position of the appendix. It could not be felt nor seen, but from the position of attachments of cæcum, I felt satisfied it was imbedded in the iliac fossa. It was perfectly excluded from the peritoneal cavity by adhesive inflammation probably. By breaking down the diseased cellular tissue and adhesions to the right of the cæcum with the index finger, and without again entering the peritoneal cavity, I found the appendix, placed a silk ligature around it with aneurismal needle, and cut the ligature short, confident that the patient was now cured. The abdomen was closed and the wound from the seat of ligature drained with iodoform gauze. Patient progressed most satisfactorily. No fever or pain. But on the tenth day I discovered the usual discharge. The ligature had cut off the appendix, but had not, as I hoped and expected, closed the canal. On May 12, 1885, I enlarged the fecal opening, and detached the cæcum from the surrounding tissues. The remnant of appendix was so dilated as to give the appearance of a tubular prolongation of the gut. The edges were brought together with interrupted silk sutures, the inverted and the Lembert suture introduced. This failed, and I believe chiefly because the place of opening and gravity favored contact of bowel contents with the sutures. So this patient lived and worked

with a false anus until January 26, 1892, when she came here for the purpose of a final effort to close this opening; so on this date, assisted by Drs. Parkhill, Worthington, and interne Knight at St Luke's, I operated. The opening was just within the anterior superior spinous process of the ilium. The mucous membrane much everted and parts surrounding ulcerated from acrid secretions and pads constantly worn. I made an incision about three inches long almost at a right angle to the opening, and including it. The cæcum was extensively and strongly adherent to the abdominal peritoneum. In separating and breaking down adhesions I made a rent, with the finger, nearly an inch long, in the anterior wall of the cæcum. By use of scissors I succeeded in reaching the peritoneal cavity and completed the separation with less difficulty. At the lower angle of the opening, near the ileo-cæcal junction, the adhesions were unusually strong, and I did not deem it wise to completely sever them at this point. The gut was drawn through the wound and the anterior rent closed by first uniting the mucous membrane with continuous suture of chromicized catgut, and completed with the Lembert suture, using fine silk twist. I determined to use additional and unusual precautions to close the original opening. I first closed the mucous membrane separately with chromicized catgut continuous suture. I now excised the muscular coat to the extent of one-fourth inch all around the opening and this fresh surface approximated with a continuous suture of the same material. The gut was now inverted, or folded in, and the Lembert suture of fine silk twist applied. The gut was still further inverted and the silk stitches enclosed with chromicized continuous suture. This completed the intestinal operation, and by such a procedure I hoped to exclude excretions long enough to permit firm union of muscular and serous coats, giving broad or extensive surface to the latter, and by inclosing the large number of silk stitches diminish the chance of irritation from them. It was evident that the serous surfaces were altered from long standing inflammation and adhesions and would not consequently unite so readily and promptly. The abdominal wound was closed with silk worm gut, and at its lower angle, the site of the old opening, a tent of iodoform gauze was inserted to the abdominal cavity. The case progressed without an unfavorable feature; the temperature only once reaching one hundred degrees (on the second day), being normal the balance of the time. No pain, and only local inflammation resulting. Enemas before operation and after the fourth day subsequent, and an aperient on the tenth. No other medicine. Twenty-four hours after operation patient's exclusive diet was peptonized milk, two ounces every four hours for one week.

The tent was removed on the fourth day, and

this opening completely closed at the end of two weeks. The unhealthy granulation tissue at the surface was removed with scissors, and this healed slowly. I received a letter from the patient very recently in which she states her satisfactory belief that the opening is permanently closed. I have no reason to doubt it. The result of ligating the appendix within the peritoneal cavity has been successful and is still occasionally resorted to. It might have been so in this case if it had been surrounded by peritoneum instead of unhealthy cellular tissue and fascia. I think it safe to assert (and it is probably the consensus of the best surgical opinion to-day) that its best treatment is by excision and the serous surfaces brought together by inversion and sewed. I should not trust to simple ligation, especially in a dilated appendix, in any position. This case was undoubtedly appendicitis from the beginning, and if the organ had been subjected to early excision, the patient would have been cured early and years of suffering prevented. While the purely medical treatment by absolute rest, enemas and laxatives and opium to relieve pain and promote rest will always occupy a prominent place, being all that will be required in the larger number of cases, yet it is true that surgical procedures will be more promptly and readily resorted to in the future in a conspicuous number of cases.

APPENDICITIS.—THE NON-OPERATIVE MEASURE FOR ITS EARLY CURE BY THE USE OF SWEET OIL.

BY M. O. TERRY, UTICA, N. Y.

Ex-President of the Homœopathic Medical Society of the State of New York; of the U. S. Board of Pension Examiners; Ex-Surg-Maj. of the 6th Bat., N. G., S. N. Y.; one of the Censors of the Cleveland Medical College, Surgeon to Faxon Hospital, etc.

SINCE the origin of unfortunate man—and this includes women—each has had his pet appendix vermiformis. According to Dr. Bull of New York city, in his laparotomies he has ascertained during his operations, by examining the vermiform process, that one case in six have undergone inflammatory changes. In the decades past, no one will doubt of the thousands of persons who have died of an unrecognized appendix inflammation, diagnosed as a form of peritonitis, and treated as such. Constipation and catarrhal conditions of the intestinal tract have been sources of much annoyance, and the starting point of an array of symptoms which has terminated in an untimely manner the life of many a happy individual of promise and of bright prospects. Emmet has shown by an extensive statistical observation, that five-sixths of the cases of labor leave a laceration of the cervix. The surgical procedure for the cure of these conditions by the enthusiastic gynæcologists has, as we all know, amounted to

a fad. There is danger in the difficulty now under consideration of being placed in the same category of an operation too frequently performed.

I am convinced, however, by my comparatively limited observation, that there is *more danger in the failure to recognize appendicitis*. Given a case of this sort recognized in its early inflammatory stages, shall we operate or not? I shall take the negative position, asking only for that length of time, 24 hours, the time usually taken by friends in order to consent to an operation, and the time usually taken by the careful surgeon, when the patient is not in imminent danger, to consider expediences aside from the knife. I know my friend Van Lennep can do the appendix operation as gracefully and as speedily as Lee can snatch out a diseased ovary or enucleate the uterus. If the operation can be avoided without endangering the life of the patient, or in other words, if the cure can be made without cutting, the *honest* surgeon will make the trial as I suggest:

CASE 1.—Miss V., æt. 12, came under my observation, having had a history of eating a large quantity of goose berries. Her temperature ran up to 105, and the condition seemed like gastric fever. She was sensitive in the right iliac fossa, and to my mind there was trouble in that seemingly unnecessary orificial narrow sack. One ounce of sweet oil was given every three hours, and for five days there were frequent stools, each containing many seeds. I gave remedies to control the fever, and had her sponged as often as seemed necessary for the same reason. The patient made a fine recovery.

CASE 2.—Mr. C., æt. 30, a printer, was taken sick when I was away, and on my return found that opium had been prescribed and hot applications to relieve his pain. He had had some diarrhoea in the beginning of his attack. As he was sensitive and had appreciable hardness in his right iliac, and had moderate fever, I gave him sweet oil in one and two ounce doses as he could take it, and in 48 hours his condition was entirely changed for the better, his recovery being very rapid.

CASE 3.—Mr. M., æt. 48. Had been troubled more or less with diarrhoea since an attack of grip which affected his bowels. On my return home a few days since I found him suffering very considerably from a pain which extended over the entire abdomen, more so on the right side, where abnormal thickness could be detected. His temperature had ranged from 100 to 101½°. He had been given the arterial sedatives and had hot applications. The focal center of the pain and the most marked dullness was in the right iliac fossa however. I gave him two table spoonfuls of sweet oil every three hours, poulticed his abdomen with flaxseed and sweet oil, and used the tobacco cerate of Trask, heating it in with the hot

shovel. This was done twice a day and the temperature was soon normal and rapid recovery ensued. I hastily send this out to the profession as I believe it to be a very important treatment and a measure calculated to save life.

In the November number of the *Homœopathic Journal of Obstetrics*, you will find a brief article on the value of sweet oil as an aid to reduce strangulated hernia. It furthermore shows the value of lubrication in labor.

In conclusion, I can not but wonder over the fact that any of us think, every moment being taken up as it is with imperative responsibilities. An idea bursts forth from a fertile brain and the world is startled. The lamb—an innocent appendix having a mission as clearly understood as the thyroid or spleen is all of a sudden considered an absolute nuisance—a sort of vermicular microbe! Let us sooth it as oil usually does the troubled waters and not question the genius of the originator of the species. If we knew just how to live there would be little need for the doctor and less opportunity to expose his ignorance. The philosophy of the oil treatment rests on the fact that muscular tissue contracts under irritation; that an irritation continued leads to congestion; that following this we have inflammation which may terminate in suppuration and all its direful consequences.

Before the last stage, the insinuating sweet oil, if given in a systematic manner, and in sufficient quantities, and continued as long as sensitiveness exists, will reach the source of irritation, *allay the inflammatory condition, reduce the temperature, relax the muscular coats of intestines and the appendix*, taking along with it the foreign matter for the outside world.

It is necessary to keep your patient in bed giving the lightest and most pultaceous food, and poulticing with flaxseed saturated with hot oil. Internally any remedy which you in your wisdom use for inflammation of this kind.

Strange Idiosyncrasies.—A writer in the *Medical News* knows a family of which the female members for several generations have been unable to eat strawberries without genuine and decided symptoms of poisoning ensuing. The male members of the family eat them as others do, but a single berry given by a disobedient nurse in a few hours killed a little daughter of two years. Dejean says that the celebrated Hachu was thrown into convulsions whenever he dared to eat strawberries.

Probably the most remarkable case of idiosyncrasy on record is that of David Waller, described in detail by Dr. Overton in the *Southern Journal of the Medical and Physical Sciences*, Vol. III., 1855. In all other respects Waller was a healthy, normal man, born of healthy parents. Seven brothers and sisters were free from his idiosyncrasy, and his own seven children were also free from it. But to this poor man life became almost unendurable because for him wheat flour was poison. Unbelieving friends would deceive him, and put a pinch of flour into his food. Trusting them, he would eat, but the violent toxic symptoms never failed to follow.

For Chronic Pulmonary Disease.—This formula has been very frequently prescribed by me during the last year and a half with good effects in asthma, chronic bronchitis, chronic pneumonia and pulmonary consumption:

B. Strychnine sulphat.....grs. j.
Syr. acidi hydriodici,
Syr. hypophosphii.....aa $\frac{3}{4}$ ij.

M. Sig.—One teaspoonful four times a day.

The hypophosphites and hydriodic acid are among the most useful tonics of the materia medica, and it is also a well-known fact that strychnine possesses a special, stimulating influence on the pulmonary nerve supply. I had long been in the habit of using the alkaloid in respiratory diseases, but I found that its combination with the other two ingredients resulted in a mutual enhancement of action. The good effects of strychnine can, however, only be obtained when it is given in large doses. Hence I begin with 1-32 of a grain and gradually increase it to 1-20 or to 1-15, or until it shows a tendency to manifest its physiological action.—*Dr. Thomas J. Mays, in Polyclinic.*

Oil of Saw-Palmetto.—This oil is expressed from the fruit of the *sabal serrulata* in the same manner as olive oil is extracted from the olive. Its sphere of usefulness is very extensive. Internally in combination with mintage it is superior to cod liver oil as an alterative and promoter of nutrition. As a topical application in all catarrhal affections of the nasal passages, the pharynx, larynx and bronchi it is superior to any other medicament. Applied on tampons of wool or cotton it is an admirable remedy for leucorrhœa, erosion and ulceration of the cervix. It should be combined with alboline, benjoenol, glycerine or vaseline, one part to ten.—*Dr. E. M. Hale, in New Remedies.*

Simple Water Test.—Into a ground glass stoppered, perfectly clean bottle put five ounces of the water to be tested. To the water add ten grains of pure, granulated, white sugar. Cork tight, and set in a window exposed freely to light but not to direct rays of the sun. Do not disturb the bottle, and keep the temperature as near 70° F. as possible. If the water contains organic matter, within forty-eight hours an abundance of whitish specks will be seen floating about, and the more organic matter the more specks. In a week or ten days, if the water is very bad, the odor of rancid butter will be noticed on removing the stopper. The little specks will settle to the bottom, where they appear as white flocculent masses. Such water should not be used for potable purposes.

Was Shakespeare a homœopathist? Read this from "Romeo and Juliet":

"Tut, man, one fire burns out another's burning,
One pain is lessen'd by another's anguish;
Turn giddy and be help'd by backward turning,
One desperate grief cures with another's languish;
Take thou some new infection to the eye
And the rank poison of the old will die."

Purification of Water by Metallic Iron.—The water of Grande-Nethe, at Antwerp, has been purified during the past six years, by means of Anderson's process, which is described as follows (*Chem. Zeit.*): The water passes, with moderate rapidity, through long cylinders which are kept in rotary motion and filled with iron filings. An abundant supply of air is carried into the cylinders by a series of pipes with which they are connected. The iron, whose surfaces are constantly renewed by the motion of the cylinders, is partially changed through the action of the water into ferrous carbonate; the air decomposes the latter into carbonic acid and ferrous hydrate which is again transformed into ferric hydrate. At the same time the organic substances are consumed, or withdrawn along with the ferric hydrate deposit, which is easily collected by a filter of

sand. In this way the water has been shown by analysis to be so far purified of its micro-organisms that it may be regarded as almost sterilized. The water of the Mississippi, which holds in suspension a very large amount of foreign matter, and does not clarify by standing, parts with seven-eighths of its organic substances when treated as above, and becomes almost limpid.—*Druggists' Circular.*

Artificial Camphor.—The methods hitherto employed for the artificial production of camphor, based upon the oxidation of turpentine and analogous substances, have been found to be unprofitable on account of their cost. Nordheim claims to have discovered that the oxidizing process can be carried on at the least expense by the application of ozone or of ozonized air, for which he has obtained a patent in Germany. Chlorine gas is conducted through terebentene distilled from crude turpentine, and the resulting chlorine combination is purified from its liquid isomers in the ordinary way. It is then decomposed by an alkaline carbonate and heated to 120° C. The vaporized camphene thus produced is exposed to ozone or ozonized air to make camphor, which may be pressed in moulds, melted, or sublimed as usual.—*Druggists' Circular.*

A Physiological Styptic.—According to the London correspondent of the *Therapeutic Gazette*, Dr. A. E. Wright's new styptic is the outcome of considerations on the factors which determine coagulation. It occurred to him that the best way of controlling hemorrhage would be to imitate as closely as possible one of nature's own methods and produce natural coagulation in the blood. Now the addition of fibrin ferment to the blood is in itself sufficient to hasten its coagulation. We know, besides, that the coagulability of blood is dependent on the proportion of lime salts contained in it, blood absolutely deprived of these being uncoagulable. Combining these two ideas, Dr. Wright has prepared his styptic, which is a solution of fibrin ferment, together with one per cent. of calcium chloride. The efficiency of this solution, when applied to severe wounds in animals, is, as the writer has himself seen, very remarkable; a small quantity applied with a swab of cotton-wool being almost immediately sufficient to arrest the hemorrhage, which is ordinarily very profuse. The solution is prepared as follows: the blood of cattle or sheep is received direct into about three times its volume of water, is set aside to gelatinize for a few moments, and then thoroughly whipped with twigs. The fibrin thus obtained is gently washed, so as to free it from blood pigment, and then extracted for about twenty-four hours with five to ten volumes of water. To the filtered extract is then added one per cent. of calcium chloride. The great advantage, besides its efficiency, is that the process of occlusion by a natural coagulum is one which is calculated to do least harm to surrounding tissues. The action of the styptic is perfectly selective, being exerted on nothing but the blood with which it is brought in contact. No other styptic so thoroughly fulfills this condition.

Locomotor Ataxia Caused by the Use of Morphine.—At the meeting of the society of German naturalists and physicians (*Wien. Klin. Wöchenach.*), Althoff reported that he had observed peculiar ataxic phenomena to dogs that had during a long period received subcutaneous injections of morphine. The reason he found to be a degeneration of the posterior columns of the cord in the dorsal region. Specimens were shown. The color of these columns is gray to the naked eye. Microscopically there was found in them complete or almost complete absence of axia-cylinders, consequently degeneration of the same. This is the first instance in which a system-disease of the cord has been artificially produced in the dog, and at the same time explains the existence of tabetic symptoms in many instances of morphine habitues.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

ROBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 528 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE: 528 FIFTH AVENUE, NEW YORK.

NEW YORK, JANUARY, 1893.

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 72 William Street, N. Y.

BEGINNING AT THE WRONG END.

THIS city is full of hospitals and dispensaries. Every specialty has its hospital with its staff of out-door and in-door physicians. Some of the hospitals are richly endowed and free admission is obtained to their beds without trouble; others make earnest and repeated calls upon the wealthy for contributions to the support of the poor who apply for admission. Rich men who have accumulated their hundreds of thousands or millions, sometimes distribute in their wills a tithe of their vast possessions to hospitals, and churches and religious societies for the suppression of vice, the care of the poor, or the preaching of the gospel, as they understand it, to those having a different religious belief from themselves. All this is very well in a small way, and meets to a certain extent conditions as they exist. But is this way the right way, and are these conditions such as ought to exist in a thoughtful, civilized, Christian community? Take for example the city of New York where there are districts containing a larger population than any other district of a similar size in any city in the world. One story is piled upon another, tenements filled with occupants are crowded so close together that pure air and cleanliness would seem almost impossible. The statistics of the health office, the police courts and the almshouse, show that these localities are hot-beds of disease and crime, and a cold and cheerless shelter to many who have reached the last stage of poverty.

An immense percentage of the deaths recorded at the health office, especially among children,

are from just these localities, disease-breeding nests whose poison germs are carried in a hundred ways away from their breeding place, not alone to every part of the city but along the avenues of travel to distant habitations. Were it not for these breeding centers of disease, New York instead of having a death rate of twenty-four to the thousand would have less than fifteen, and take its rank as it could easily do from the great facilities it has for drainage among the healthiest cities in the world. Would not the cleaning out of these pest holes be a wiser Christianity and in accordance with more economic and intelligent business methods than providing at the other end of the line hospitals to heal the sick, and courts of law and prisons to protect society from the inroads of crime. The question of how this can be done we think is easily answered.

There is in the almost resistless energy of American life a strong desire to pile up the thousands and see the accumulations swell to hundreds of thousands and millions, all so invested as to yield the largest possible return in the way of profit or interest. Starting, as is generally the case with our wealthy men, with scarcely a dollar, the building up of a vast fortune and the founding of a family by transmitting it to their heirs becomes a fascination. To them there is much more pleasure in making money and transmitting it to their heirs after they can no longer control it, than seeing it work out grand results during their lifetime guarded by their own foresight and intelligence. And this, notwithstanding the illustrations constantly arising of fortunes dissipated by the second generation, the third starting at the bottom of the ladder where their grandfather started, but with nothing like his strong brain and force of character.

Occasionally, but very seldom, we meet a Cornell, a Cooper, or a Peabody, who carry out in the disposition of their property the wise business methods by which it has been accumulated, looking first to the comfort of their own family, which is just and natural, by leaving them quite sufficient to place them in a condition of pecuniary independence, so far as even moderately extravagant wants are concerned; a certain amount in their life-time, subject to their own watchful care and business methods, is appropriated for some enterprise which will conduce to the public good. This may not of necessity be a gift, but so placed as to yield an income sufficient to protect itself, and also possibly a slight income equal perhaps to Government bonds to the investor.

It will be admitted that a million of dollars is quite sufficient to supply any one family with all

the luxuries of life, and some might feel comfortable with even one-half that amount. If with this little nest-egg secured to each member of the family some of the rapidly accumulating surplus was devoted during the life of the individual to some enterprise which would contribute to the public good in the interests of humanity, in the prevention of crime, and poverty, and vice, and adding to the general physical moral strength and comfort of the community, a fair investment would be made even from a simple money standpoint and incalculable good accomplished for humanity.

It seems to us that there are scores of investments for capital, guided by unselfish intelligence, which would be self supporting and yield a return equal to government bonds, which could be worked into the enterprise or not, as the investor felt inclined, which would yield the richest kind of returns in health and comfort, returns far exceeding those obtained from the few thousands left to hospitals or churches, and which need not in the least interfere with contributions to these organizations.

Tear down for instance a block of tenement houses, built with an eye to a profitable ten per cent. investment, and erect in their place a model house constructed on the most approved principle of sanitary science, where people can be clean if they wish and have an abundance of light and pure air, and live like human beings, and a net two per cent. interest would be satisfactory, and in a short time the whole character of the neighborhood would be changed. The healthy influence would spread from block to block, from one centre of disease and filth to another, lessening the death rate, reducing taxes and taking away the necessity for much of the incessant demands upon every one for charity. This would be reversing the usual order and commencing at the right end, and where it accomplished great and lasting benefits to the community, do it in a manner best conducive to the interests and self-respect of those who are the beneficiaries. In the long list of millionaires recently published in a leading daily paper, we find the name of no physician recorded. Impractical business men as we are, so far as accumulating fortunes are concerned, our gratuitous work could be infinitely lessened and our services better rewarded if so much of our time and strength, always cheerfully rendered, were not given to repairing as far as possible the lack of intelligent foresight and business principles of the rich men of our country, looking to justice and the greatest good in the disposition of their surplus wealth. Every man owes something to the well being of a community which has helped him

to accumulate a fortune, and that debt can best be paid by giving as careful thought to the subject as he would to any great business enterprise, and acting according to the dictates of an intelligent judgment. Beginning at the right end is to crush out and prevent evil. Beginning at the wrong end is to palliate evil as it sweeps in the full tide of its strength, a work necessary for the time being, until the money makers of the world realize their responsibility, and neglect one of the golden opportunities offered them.

PROPOSED STATE BOARD OF MEDICAL EXAMINERS IN PENNSYLVANIA.—STATE RECIPROcity.

ANOTHER attempt will be made this winter to establish a State Board of Medical Examiners in Pennsylvania, and we sincerely trust that it may be successful.

The copy of the bill before us provides, among other things, that the Governor shall appoint nine persons, graduates of some legally chartered college having the power to confer medical degrees, with ten years active practice, no two of whom shall be resident of the same county and none of whom shall be a member of the faculty or staff of any medical school or university.

"SECTION 6. Provides that the said board shall examine all applicants for license to practise medicine or surgery in this Commonwealth who are properly qualified according to the provisions of section seven of this act, and no one shall be excluded or rejected on account of adherence to any special system or school of practice. It shall hold two stated meetings in each year, one at Pittsburgh and one at Philadelphia respectively, and may hold special meetings at such times and places as it may deem proper. All examinations, when practicable, shall be conducted in writing, and all examination papers, together with the reports and action of the examiners thereon shall be preserved among the records of the said board for a period of five years, during which time they shall remain open for inspection at the office of the said board.

"SECTION 7. Any person on paying ten dollars to the secretary of said board, and on presenting satisfactory proof of being over twenty-one years of age, of good moral character, and of having received a sufficient preliminary education as defined by said board, and a diploma from some legally incorporated medical college or university having authority to confer degrees in medicine, shall be entitled to examination by the said board, and in case of failure at any examination shall have the privilege of subsequent examinations without the payment of an additional fee. Each applicant who shall have passed a satisfactory examination shall receive from the said board

under seal a license to practise medicine and surgery in the Commonwealth of Pennsylvania, and the said board may at its discretion grant licenses without examination to persons holding licenses from similarly constituted boards of examiners or boards of health in other States.

"The applicants shall be examined in anatomy, physiology, chemistry, pathology, hygiene, toxicology, differential diagnosis, surgery, and obstetrics; and each applicant, upon receiving from the secretary of the board an order for examination, shall draw by lot a confidential number, which he or she shall place upon his or her examination paper, so that when said papers are passed upon by the examiners the latter shall not know by what applicant said papers have been prepared, and upon each day of examination all candidates shall be given the same set of questions."

It will be observed that the only reference to drugs is in respect to their *toxic* effect, and thus all theory as to their *modus operandi* and the possibility of danger of prejudice on the part of examiners is avoided.

We do not see what more could be asked by any school of medicine than this, in the way of protection of its rights.

There are good honest men on both sides of this controversy, men to be trusted, but they have no confidence in each other. Each party feels that the other is trying to gain improper advantage, and how to get over this complication is the question. If the leaders on both sides could know each other better, it would certainly tend to promote confidence and harmony. If the homœopathists could be satisfied that their scheme of therapeutics was not in danger, they would be less suspicious.

The dominant school would be satisfied, no doubt, with the wiping out of all sectarian designations.

The records show 8,248 physicians in the State. Of these, 6,240 are denominated "regulars" for the sake of comparison; the sectarians number 1,075; those practising without diplomas, 933. The homœopathists claim 691, and the eclectics, 293.

It must be evident to any one that a board consisting of three members from each school, would not be justified by the above ratio.

It is well known what the result would be were there three distinct boards, the least qualified students would get through the weaker board as was the case in this county some years ago.

It is the wish, so far as we know, of all medical men in good standing, who have the best interests of the public welfare uppermost, that each

State shall have a Board of Medical Examiners before whom all candidates shall be examined, and the method to bring about this result should be made as simple as the circumstances will allow, and each school should be anxious that no injustice is done to any.

NECESSITY OF STATE RECIPROCITY.

The next thing to do is to harmonize the working of these different boards in the various States, upon reciprocal grounds.

The reciprocity should be arranged between all States where the requirements of the law respecting examinations are *similar*.

It is an inconvenience and an injustice, to ask a qualified practitioner in one State to qualify in another, where he happens to be sojourning, before he can prescribe for a patient. The proper thing would be to have a National Board composed of delegates from the several States, where the different interests would be harmonized. It would subserve the end in view if the license to practice in a State of this Confederation, would be registered in each of the other States with whom the reciprocity exists.

Let us take, for instance, the States of New York and New Jersey, where it is almost a necessity for the practitioners of one State to practice more or less in the other, for various reasons.

As the laws are at present in these two States, the physician who prescribes for a patient out of his own State is liable to arrest in the other State for so doing, and to fine and imprisonment.

In the case of New Jersey, the law has resulted in keeping people away from it in summer, because their own physicians in New York would not take the risks of coming to them in case of illness.

Both of these States now have Examining Boards with requirements nearly identical, so that license to practice in one may be made to cover both, if the authorities agree to it, and this illustration shows how the principle may be made to apply to all States in the Union where similar conditions exist.

A bill will be presented to the next session of the Legislature in this State, with the hope that these unnecessary annoyances to the profession may be mitigated by suitable reciprocal provisions.

It is hoped that every practitioner in the State will see that it is for his interest to promote this movement, and that he will explain the subject to his representatives in the Legislature, that they may be prepared to vote intelligently whenever the bill shall come to be acted upon.

Our friends in New Jersey should make a similar move at the approaching session of the Legislature in that State, then, with two States working together on the reciprocal plan, it will not be difficult to unite others as fast as they adopt the plan of State Examination.

A LONG STEP IN THE RIGHT DIRECTION.

WE ARE glad to see that the recommendation of the "Association of Medical Superintendents of American Institutions for the Insane," that every school conferring medical degrees should have in its curriculum of study full courses on insanity, including nervous diseases, and on medical jurisprudence, the former to be illustrated by clinical instruction, and that no one should be allowed to graduate without a thorough examination upon these subjects, has been so far indorsed by the "Commissioners of Lunacy" in this State that they have issued to the State hospitals under their care the following strong and most emphatic recommendation:

"As there are large numbers of patients in the public hospitals for the insane who would offer no objection to the giving clinical instruction to students of medicine in their presence, the Commissioners would earnestly recommend that the Boards of Managers of the several State hospitals afford to the medical colleges situated in their vicinity, as well as to practicing physicians, such facilities for the clinical study of mental disease as, in the judgment of the medical superintendent, may be deemed wise and proper."

This is the kind of higher medical education most needed, that clinical instruction which enables the physician to protect himself by an intimate knowledge of his subject, without forever calling upon the Legislature for help to protect him in his inefficiency.

If it is necessary for a medical student to have clinical instruction for the purpose of understanding any disease, it is certainly a most imperative need in the study of insanity. No other form of disease is more insidious in its approaches, more complicated in its causes, more fruitful in its developments, more far-reaching in its effects and more difficult of treatment than the disease known as insanity. Hence, every opportunity should be afforded to the medical student for a proper understanding of this disease. Nay, more, every aspirant to the honors of medical practice should be compelled to make a practical, clinical study of mental and nervous diseases before he is admitted by legal forms to the practice of his profession. Insanity is one of the

leading *sequelæ* of many formidable physical diseases. It grows and flourishes in the wake of consumption, cancer and syphilis; and it breathes its fell and hurtful breath upon the victims of zymotic and paludal fevers. It comes to the mother

"When she feels for the first time her first-born's breath;" and it strikes down with ruthless hand the budding adolescent, the mature man and woman, and the decrepit and helpless victim of old age, as, with reluctant and halting step, this victim of twin disasters appears upon the "last scene of all that marks this strange, eventful history." Its close association with other diseases, its universal prevalence among the poor and the rich, its growth and development in every soil, warns us that we should be ever on the alert to devise new means for its early discovery, new measures for its successful treatment, and new philosophies for its possible prevention. In every large public hospital, where the insane are cared for and cured, there are numerous opportunities for the study of the nature of insanity and the modern mode of treating it; hence we should cordially welcome and earnestly invite all students of medicine, whether graduated or ungraduated, to visit these hospitals and avail themselves of the opportunities at hand.

Of course, the prejudices of friends and the wishes of patients should be carefully respected, and the interests of the sick should be sedulously guarded against every unwarrantable intrusion. But while some might object to the publicity of the clinic, there are many who would be unaffected by these bedside examinations, while others still, who are convalescent and sensible, would be glad to give a *modicum* of their experience while in the Laocoönian toils of mania or while passing through the dark and shadowy Slough of Despond. Some of our most interesting cases while recovering have appeared voluntarily before classes of medical students, and have given a most interesting as well as a most intensely thrilling account of their experience while suffering with a "mind diseased."

It may be proper to remark, in conclusion, that the trustees of the Middletown State Homœopathic Hospital, more than eleven years ago, authorized its superintendent, by a strong and encouraging resolution, to deliver lectures upon insanity before students in the various medical colleges. For four years Dr. Talcott lectured at the Hahnemann Medical College in Philadelphia, and for the past seven years he has given each winter a course of lectures upon mental and nerv-

ous diseases at the New York Homœopathic College and Hospital. Also, during the past seven years he has given clinical instruction in the wards of the Middletown Hospital to all the students who would come up from New York for the purpose of receiving them. The clinical material in all our State hospitals is ready and waiting, with teachers thoroughly versed in every detail of their work. The trouble is not with the hospitals but with the profession, and more especially the colleges themselves, who are always ready to call upon the Legislature to help when they have only to put forth their hands and help themselves. The time is not far distant when medical colleges will find their very existence will depend on giving their pupils a more thorough knowledge of specialties than can be given by didactic lecture or the few stray cases which may be brought before the class. Notwithstanding the study of insanity and nervous diseases is to a certain extent a specialty, it is a specialty the general details of which should be familiar to every practitioner. As it is, we hazard nothing in saying that the graduates of the training school in the Middletown Hospital would pass a more intelligent and in every way better examination upon these subjects than ninety-nine in a hundred students when they receive their diploma from any medical college in the State.

SPONTANEOUS COMBUSTION.

UNDER this title, says the *Lancet*, Dr. Hartwell records a curious experience which he had recently. He was one day hastily summoned into the woods while visiting a case in the outskirts of the town in Massachusetts, where he lives, the messenger announcing that her mother was burning alive. On reaching the place indicated a human body was found in an actual state of conflagration. The body was face downwards and resting on the forearms, the upper part of chest, and the left knee. The rest of it was raised and held from the ground by the rigidity of the muscles of the parts. It was burning at the shoulder, on both sides of the abdomen, and on both legs. As Dr. Hartwell reached the spot the bones of the right leg broke with an audible snap, allowing the foot to hang by the muscles and tendons. The right shoulder-joint was exposed, and the intestines protruded through the burnt abdomen. The unburnt clothing consisted of parts of a calico dress, a cotton vest, woollen skirt, and thick red woollen under-garment. Apparently the woman—for it was a woman, forty-nine years of age, active in her habits and strictly temperate—had

been burning stumps, and her clothing had become ignited. Dr. Hartwell's view is that the flesh—in a condition of unusual combustibility—had then caught fire, and had been able of itself to support combustion, and this is all that he means by so-called spontaneous combustion—viz., an undue liability of the flesh to actually burn. His view as to this condition is that it depends upon the fact that human bodies occasionally do possess this increased combustibility by reason of an unusual deposit of fat, and that age and spirit-drinking are factors in that they aid in the accumulation of fat. The interest of the case which he records he claims to lie in the fact that it occurred in a person of middle life, by no means obese, and not addicted to alcoholic indulgence.

A REVOLUTION IN BREAD.

THE HON. ERASTUS WYMAN, in a paper contributed to the *North American Review* (May, 1892), takes issue with those who maintain that the perfection of flour-making was reached when the steel roller was substituted for the upper and nether millstones. Science, he thinks, will demand something more than the pure white product which has long been the pride of the bread-makers. Fashion has made a demand for white bread. The millers have complied with the demand. Mechanical skill has come to their assistance, and every part of the wheat that would tend to darken the flour is removed with a precision and thoroughness simply wonderful. The inquiry is made by the writer whether the process tends to make the bread better. "Does it give the working man a greater return for his hard-earned loaf? Does the refined milling process give to the convalescing invalid, to the growing child, more strength and nutriment than did the old-fashioned dark bread?" These questions are answered in the negative. The writer maintains that there is great need of a reversal of the opinion which demands white, starchy flour. The theories for dark bread are all good. But fashion has ruled for the majority. If the majority demanded brown bread, the millers would be ready enough to meet the demand. Even now bakers are supplying many customers with bread made from wheat out of which no property has been eliminated.

In Great Britain a company was formed in 1890 for the manufacture of the whole-wheat meal. From this small beginning there have been great results in a short time. Consumers have rapidly multiplied. Bread and biscuits made from such

meal are in demand. New companies have been formed, and the sales have already reached large figures. It is claimed that if there were as much science employed in making bread as is now employed in making beer, white bread would soon go out of fashion as an inferior article. The revolution in bread has possibly begun, but it has not yet assumed any great prominence. If it goes in Great Britain it will probably go in this country.

The *American Miller* some time ago described the new process used in the manufacture of whole-wheat meal:

The iron mill used is of exceeding simplicity and acts by creating two exceedingly powerful revolving air-currents, by which two grains of wheat are thrown against each other, thus being reduced by attrition—bran, germ and kernel—to a flour which, as soon as fine enough, is floated off on a rising air-current and deposited in the bin above the packer, without the necessity of submitting it to any bolting or sifting process. The grinding is done at low temperature; the meal is perfectly dried and aerated by the circulating air-currents, and the whole grain is ground. Thus all the elements present in the wheat are, also, found in their natural proportions in the meal. The bread baked from this meal is not white, but assumes a warm, golden-brownish tint. It is free from the rasping grittiness of the imperfectly ground Graham bread, the bran in which, never having been thoroughly pulverized, acts as an irritant upon the delicate digestive apparatus. The bread made from whole-wheat meal has a richer, more palatable taste than ordinary wheat bread.

TAX ON QUACKS.

THE recent suggestion of the Secretary of the Treasury that the tax on alcohol be increased fifty cents per gallon in order to raise more money for the increasing expenses of the Government seems to have met with a favorable response in some quarters, and the question of tariff and taxation will no doubt be considerably discussed by Congress in the near future.

In this connection the wisdom of putting a heavy and permanent tax on all forms of nostrums and quackery will at once commend itself to all wise legislators who are working for the public good. A stamp tax of this kind, say twenty-five per cent., on every form of secret or proprietary medicinal preparation of any kind, whether sold by the retailer, proprietor, manufacturer, or by advertising quack specialists, would be no hardship to the public, as it would

in no wise affect the retail price of these articles. All such manufacturers could easily afford to give the Government twenty-five per cent. of the retail price and still have a very handsome profit left, as their net profit is rarely less than five hundred per cent., and often very much more.

Legitimate preparations of the Pharmacopœia and other standard preparations where the complete working formula is public property should be exempt. But as the success of quackery depends on secrecy and mystery, and as these two conditions enable unscrupulous persons to get a dollar for a few cents' worth of a simple remedy, it will be seen that there would be no injustice to any one if a good fair tax were put on the business.

If the Government went still further and required all nostrum and secret medicine manufacturers to pay a big license, and place on record open to public inspection a sworn statement of the exact composition, together with a complete working formula of each preparation, much good would result. And if, like insurance companies, they were also required to furnish heavy bonds or make a special deposit, which could be forfeited under proper restrictions, provided their medicine did not do all that was claimed for it, the public would be still better protected both in health and pocket, and no injustice would be done to the honest manufacturer of articles of real merit.

There is no good reason why the Government should not place the nostrum business on the same basis in its Internal Revenue Department as the manufacture of whiskey and tobacco. Analyses of these preparations should be made from time to time, and heavy penalties imposed if they vary from the sworn formula on record, or if any dangerous drug like morphine is being used.

England, which is said to be a free trade country, taxes the nostrum business heavily, and derives a large and growing revenue from that source.

VIBRATIONS AS A REMEDIAL AGENT.—

Charcot (*Prog. Med.*) calls attention to the good results which attend the employment of vibration in cases of paralysis agitans. After giving a history of the subject, in which reference was made to the work of Vigouroux, Boudet, and Mortimer Granville, Charcot said he had long noticed the good effect that railway journeys and carriage drives had on persons suffering from paralysis agitans. He has accordingly subjected some patients to treatment by vibration by placing them in an arm-chair to which are imparted rapid oscillatory movements by means of a special mechanism set in motion by electricity. Amelio-

ration is generally felt after the fifth or sixth sitting. The painful phenomena are chiefly influenced; the shaking becomes less, the stiffness seems to disappear; the patients walk better and sleep quietly and well. Gilles de la Tourette, assuming that the good results are due to diffusion of the vibrations over the whole cranium to the brain, constructed a helmet, the sheets of which exactly encased the head of the subject, and which was surmounted by a plate on which was placed a little motor. Insomnia not due to organic brain disease, migraine, and neurasthenia were greatly benefited by this method of application. Charcot, who has also tried it with good effect on a melancholic patient, considers it a powerful sedative to the nervous system. This principle has been utilized by Drs. Taylor and Patchen of this city, in very ingeniously devised machinery driven by steam or an electric motor, in various forms of paralysis and muscular weakness with marked beneficial results. Every organ of the body can be brought under the vibrating action, often with the greatest benefit.

DR. SANDARRABILCO, through the *Moniteur de Therapeutique*, calls attention to his thirty years' experience in the use of green unroasted coffee in the treatment of liver and kidney trouble, quoting many cases of renal and hepatic colic, diabetes, migraine, and which though rebellious to all other treatment have yielded to the green coffee infusion. The method of preparation is to place three drachms of green coffee in a half a pint of cold water and let infuse over night. The infusion, after straining, is to be taken on an empty stomach the first thing on getting up. A study of coffee in its action after long continued use as a beverage on the heart, the brain, the liver and the kidneys, certainly would give us confidence in the use of this remedy, in small doses, in cases not already under the drug action of the berry.

ANTICHOLOERIN KLEBS.

DR MANCHOT, of the Hamburg Krankenhaus, writes in the *D. Med. Wochenschr* of the results obtained in treatment of cholera with the anticholerin, the mortality being sixteen to seventeen per cent. lower than in the cases treated only by the salt infusion method. He adds that the anticholerin was used only in very severe cases.

Anticholerin occurs as a brown-yellow, clear viscid fluid, having an odor reminding one of the ejecta of cholera patients. The composition and

preparation of anticholerin are based on those of tuberculocidin.

Klebs theorizing that all living beings produce certain waste products, which to themselves are poisonous when accumulated in excess, as urine and carbonic acid in the animal and the human being.

So the tubercle and the common bacilli produce beside the specific toxic principles with which they poison the animal and human being, excretions which in certain proportions act fatally to the bacilli themselves. Klebs claims the reason for the non-success of Koch's tuberculin is, that it contains the two varieties of poison, as he has shown in his tuberculocidin which contains only those principles which are fatal to the tubercle bacilli and act as curative agents in the human being, and so he has found the same thing with the excreta of the cholera bacillus and has separated therefrom the preparation which he calls anticholerin.

ALUMNOL.

HEINTZ and Liebrecht report in No. 46 of the *Berliner Klinische Wochenschrift* the results of a series of systematic experiments with various aluminium salts conducted in view of finding an astringent which does not form an insoluble compound with albumen, and therefore when applied to suppurating surfaces instead of forming merely a surface coating by being rendered insoluble by the albuminous secretions (pus and serum) the action continues rendering the interior as well as the surface antiseptic and such an agent they have found in alumnol, the albumen compounds of which are soluble in excess of albumen. Alumnol is the aluminium salt of naphthol sulphonic acid, occurs as a colorless non-hygroscopic powder, easily soluble in water a forty per cent. solution prepared hot does not separate any of the substance on cooling, almost insoluble in alcohol, very soluble in glycerine, insoluble in ether. Exposed to the atmosphere it becomes darker in color, without changing its qualities however.

PROFESSOR PETER ON THE PARROT EPIDEMIC.—Professor Peter, who has had several of the patients attacked with the malady supposed to have been transmitted by the parrots from Brazil, under his care at the hospital Necker, a few days ago gave an interesting clinical lecture on these cases (*Brit. Med. Journal*). He said he had come to the conclusion that, in many instances, the malady was transmitted direct from the birds to the human sub-

ject. In others from patient to patient. The man who imported the birds was one of M. Peter's patients, and was believed by him to have contracted his illness by contact with the parrots. A female patient said she had fed the birds by holding their food between her lips, and letting them peck at it. She had also kissed the birds on the beak. Two of the birds were given to her mother, and three members of the family had since died. A night nurse, who had nursed one of the patients, was also attacked, and presented exactly the same symptoms. M. Peter is inclined to consider the malady as a sort of typhus, resembling the malady that attacked the annamites, termed by him *typhus à rechute*, resulting from unhealthy conditions. These annamites were packed together on an unhealthy boat. Several fell ill on the journey, and one died; three others died at Toulon, and the remainder fell ill on reaching Paris. M. Peter questions the accuracy of M. Dujardin-Beaumetz's conclusions, and accepts those of Professor Cornil, who made a post-mortem examination in one case, and said, "It is a new disease, neither pneumonia nor typhoid fever. This is the first time I have met with it."

A PLANT TO SUPPRESS MALARIA.—Dr. Brandes, a physician at Hitzackes, Hanover, has written an article in a German medical paper, in which he demonstrates the valuable properties of the *anacharis alsinastrum*, a water-plant which has hitherto been considered an unmitigated plague, choking up rivers, and altogether useless. Dr. Brandes has remarked that in the district where he lives, and where malaria and diarrhoea yearly appeared in a sporadic or epidemic form, these diseases have gradually decreased since the *anacharis alsinastrum* began to infest the neighboring rivers and marshes, and since four years have totally disappeared. The above named water plant nourishes itself on decayed vegetable matter, and grows with incredible rapidity. It thus destroys the germs which produce malaria and diarrhoea, and, besides, its presence obliges the frequent cleansing of standing waters; a measure beneficial to health. Dr. Brandes therefore proposes that the experiment should be tried of planting the *anacharis alsinastrum* in marshy districts. It is also useful in protecting the young fish, and affords an excellent dung. The plant came originally from Canada, whence it was brought to England, and thence to Germany about 1840. In north Germany it rapidly spread far and wide, and this year appears in all parts with unusual luxuriance.

ARSENIC IN COMMON LIFE.—This was the subject of an address by Pros. C. F. Chandler before the Academy of Medicine, and abstracted in the *Medical Record*, November 28, 1891. He took the ground that there is no danger to be feared from arsenical poisoning from living in rooms papered with arsenical wall-papers, that the quantity of arsenic that would be given off by such a wall-paper could not possibly do any harm. He gave a critical review of the various cases that have been collected by the Board of Health of Massachusetts, in which he finds no proof of arsenical poisoning. He could find no record of a case of arsenical poisoning in any of the factories where arsenical wall-papers are made. He said that the symptoms of arsenical poisoning are not so specific as that physicians could usually make a positive diagnosis of arsenical poisoning.

Incidentally he remarked that there should be a law prohibiting undertakers from using arsenic in the embalming process.

THE Hartford Medical Association has adopted a resolution deprecating the so-called medical contract system, the growth of which has been great during the last few years. In Hartford alone there are twenty societies which provide their members with medical attendance for a small annual fee, ranging from 50 cents to \$3. One society got the physicians to bidding against each other, and finally secured the services of one in good standing for 37½ cents per capita. The physicians who go into this sort of thing claim that it is remunerative and that their connection with a society brings them outside practice, and they ought to be ashamed. Some action ought to be taken in this city against the numerous dispensaries where service and medicines are provided, for ten to twenty-five cents a head. The County Society ought to appoint a committee to look after these matters, and also the various clinics and hospitals where the well-to-do are treated as well as the poor!

DANGEROUS DISINFECTION.—It having been recommended by Vilandt to disinfect rooms by means of evaporating a mixture of carbolic acid and turpentine from hot water, in a basin, the apparatus to be used constantly in the patient's room, a Danish writer records a case of death where a similar evaporating apparatus, with a solution of carbolic acid, was kept boiling in an adult patient's room. The patient was suffering from diphtheria, and he presented in addition the symptoms of carbolic acid poisoning, carboluria, acute nephritis and uremia.

AMPUTATION OF THE BRAIN.—A patient lately left a Chicago hospital having undergone a most remarkable surgical operation. Last August a four year old girl, Manie Brown, was admitted to the County Hospital. The entire left side of her skull had been crushed in by the kick of a horse. A trephining operation was performed, and no ill effects were noticed for several days, when a curious growth was observed on the head, above and behind the right ear. An investigation showed that the dura mater had been ruptured, and that the brain was exuding through this aperture and coming out through the fractured skull. A lump of the brain the size of a walnut protruded from the head, and then, as any attempt to replace the brain would be useless, the doctors decided to remove it. The operation, which might be called amputation of the brain, was successful in every way, and the little girl is now as well as ever, having lost none of her faculties, and as bright as most children of her age.

DR. A. P. WILLIAMSON, formerly chief of staff of the Ward's Island Hospital, and first assistant Insane Hospital, Middletown, and more recently superintendent Third Minnesota Hospital for the insane, has opened an office for the treatment of mental and nervous diseases at 608 Nicollet avenue, Minneapolis. Dr. Williamson deservedly ranks among the leading alienists of the country, and brings to his new work the ripe experience gathered in years of faithful work in two of the best insane hospitals in the world and can hardly fail of abundant success.

IT IS interesting to notice the entirely different conclusions reached in so important a condition as alcoholism, acute and chronic, by two such eminent neurologists as Dr. Norman Kerr and Dr. Charles L. Dana, whose work on nervous diseases we noticed in our last issue. Dr. Kerr believed that delirium tremens is the effect of alcoholic poisoning arising from the cumulative specific action of the poison on the cerebral tissue through the alcoholization of the blood, and the remedy is in eliminating the poison from the brain and nervous system, leaving the healing powers of nature to do the rest. To accomplish this result Dr. Kerr avoids alcohol and narcotics, administers freely liq. am. acet. and carefully selected nutriment, leaving the rest to the *vis medicatrix*.

Dr. Dana after a careful study of 614 cases in Bellevue Hospital finds nothing better than strychnine in inebriety and alcoholic intoxication.

In acute alcoholism when the system is overwhelmed with the poison, one-sixtieth of a grain is given every two or three hours. In the chronic form it is given in doses of from 1-25 to 1-32 of a grain twice a day. In the ordinary delirium of alcoholism he gives from twenty to forty grains of chloral repeated in smaller doses every two or three hours combined with digitalis and strychnine. Hypodermic injections of morphine are not recommended.

DR. E. L. TRUDEAU, a member in regular standing, we are told, of the N. Y. Medical Association (old code), consulted with the homœopathic physicians in the case of the late Mrs. Benj. Harrison! We shall look for a resignation from the Secessionist Society or else a trial for breach of ethics.

THE annual report of the Board of Health of the city of New York in 1891 gives a table of a hundred and thirty-three deaths from surgical operations. Of this number there were ten deaths from what is usually considered the simple operation of circumcision. In four of these cases the cause of death was attributed to erysipelas, septicemia and gangrene. Seventy-six deaths were due to laparotomy, or more than one-half of the entire number of operations. We notice that eighteen deaths followed ovariectomies, three hysterectomies, four uterine tumors, and sixteen following operations for salpingitis. Most of the operations except perhaps the minor ones were performed by skilled surgeons in hospitals where every facility was afforded for antiseptics and careful nursing. The fatality is larger than ought to exist, except on the ground that the operation is often performed when there is only a very slight chance of success, but the patient is willing to take the chance knowing not only the possibility but even the probability of failure.

VERY seldom has the Senate Chamber at Albany contained a more imposing assembly than that which gathered there at the last meeting of the Regents of the State University to listen to the eulogy of Regent Fitch on George William Curtis, late Chancellor of the University, and of Regent Watson upon his old friend and neighbor, Regent and formerly U. S. Senator Kernan, of Utica. Both addresses were just and eloquent tributes in that classic purity of diction which so well became the highest educational institution in the State to two who had long been recognized as among the foremost citizens of the

State, one in the field of letters and the other as a statesman and at the bar. Regent Watson closed his address with a quotation from Judge Story on a former occasion, and which was peculiarly applicable at the present time:

"We dwell with pleasure upon the entirety of a life adorned by consistent principles and filled up in the discharge of virtuous duty, when there is nothing to regret and nothing to conceal; no friendships broken, no timid surrender to popular clamor; no eager reaches for popular favor."

BIBLIOGRAPHICAL.

MANUAL OF PRACTICAL AND PHYSIOLOGICAL CHEMISTRY.

By Charles E. Pellew, of the College of Physicians and Surgeons. New York: D. Appleton & Co., 1892.

The work of Dr. Pellew fills a place very much needed in the rapidly advancing study of medical and physiological chemistry, by not only bringing before the student but the older members of the profession the facts and conclusions reached on the minute study of the past few years of physiological and medical chemistry, and representing the methods of instruction in the College of Physicians and Surgeons which have given such splendid results. The wide range of subjects discussed are brought within the limits of thirty lessons, and include the carbo-hydrates, the fats and fixed oils, the proteids or albumen bodies, the various constituents of the body, water analysis, animal tissues and secretions, the digestion, microscopic examination of urine, and an appendix of weights and measures, unguents, etc.

A TREATISE ON NERVOUS AND MENTAL DISEASES FOR STUDENTS AND PRACTITIONERS OF MEDICINE.

By Landon Carter Gray, M. D. With One-Hundred and Sixty-eight Illustrations. Philadelphia: Lea Brothers, 1893.

Dr. Gray says in his preface he has endeavored to put a working knowledge of nervous disease into the hands of students and practitioners. To do this he has devoted special attention to the selection and clinical verification of facts, giving as introductory a sufficient knowledge of anatomy to make plain the facts necessary to a comprehension of nervous diseases. The electric chapter is practical even to the details of the solution and use of batteries. Neurasthenia is tested at length and considerable space given to such new types of disease syringomyelia, acromegaly and myxoedema. Special attention is given to the medico legal aspects of mental and nervous diseases from the physician's standpoint. In therapeutics each chapter is made to contain its own treatment, the work is thoroughly practical, utilizing a vast army of facts gathered by industrious scientists all over the world.

SYPHILIS AND THE NERVOUS SYSTEM, BEING A REVISED REPRINT OF THE LOTTSMAN LECTURE FOR 1890.

By W. R. Gowers, M. D., F. R. S. Philadelphia: P. Blakiston, Sons & Co., 1892.

In the lecture Dr. Gowers discusses with great ability: 1. The ultimate pathology of syphilis. 2. The origin of functional nervous disorders attributed to syphilis or imperfect evidence. 3. The essential principles underlying the prognosis of syphilitic disease of the nervous system, and their effect upon the special prognosis of the chief lesions.

HAND-BOOK OF EMERGENCIES AND COMMON AILMENTS.

By E. F. Bradford, A. B., M. D. (Harvard). Assisted by Louis Lewis, M. D. Sold by subscription only. Boston: B. B. Russell, pp. 448, octavo.

A book for the use of non-professional readers, and will be found a ready help in the household in the absence of a physician.

Boericke & Tafel publish a small pocket volume of 125 pages, by F. Compton Burnett, M. D., on the curability of ringworm by a high potency of bacillinum 1,000. Dr. Burnett's articles are always pleasant reading, from the fact that his statements are made with the earnestness and force of undoubting conviction, expressed in the purest English, and with the logic of a close investigator and a clear, impartial thinker. What he says he believes, and the strength of his convictions goes far to make the doubter of infinitesimals follow his suggestions. Dr. Burnett believes that ringworm, though parasitic, is constitutional, that there is a condition of the system like the fungus on cheese which gives it pabulum, and that healthy children can not catch it because the fungus can not grow on such. Being of the nature of tuberculosis, the similitum is bacillinum, which should be given infrequently and in a high potency. Dr. Burnett quotes several interesting clinical cases as a proof of his theory and the correctness of his treatment.

A POCKET MEDICAL DICTIONARY, giving the pronunciation and definition of about 12,000 of the principal words used in medicine and the collateral sciences. By Geo. M. Gould, A. M., M. D., author of "A New Medical Dictionary," etc., including very complete tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilli and thermometric scales, and a dose list of drugs and their preparations, in both the English and metric systems of weights and measures. Philadelphia: P. Blakiston, Son & Co., 1892. Price, \$1.

Dr. Swan M. Burnett has a very practical paper in the December *Century* on the "Prevention of Blindness in Infants." The subject is a most important one, and this is an excellent way to reach a vast number of people. *Ophthalmia neonatorum* is an affection which must have early recognition and treatment, hence, the public must be impressed with its importance and with the gravity of the disease.

The new additions to the Students' Quiz Series of Lea Brothers & Co. are: "I. Diseases of the Eye, Ear and Throat," by Frank E. Miller, M. D., James P. McEvoy, M. D., and John E. Weeks, M. D. "II. Anatomy," double volume, by Fred. J. Brockway, M. D., and A. O'Malley, M. D. "III. Physiology," by Frederick A. Manning, M. D.

The American text-book of surgery recently published by W. B. Saunders, has already been adopted as a text-book by forty-nine leading colleges and universities, and the sale has reached over five thousand copies with a probable demand of as many more within the next six months.

The same house will shortly publish a syllabus of lectures on the practice of surgery arranged in conformity with the American text-books of surgery, and also an American text-book of the medical and surgical diseases of children.

OBITUARY.

DR. EDWARD GALE FRELIGH, of West Thirty-fourth street, died December 11th, of heart disease, aged fifty-four years.

CORRESPONDENCE.

PHYSICIANS SHOULD STUDY ELOCUTION!

It is related of the Reverend Dr. Wainwright and Edwin Forrest, the former an eminent divine, the latter one of the greatest exponents of dramatic art this country has produced, that in one of their friendly talks, for they were held together by the ties of a warm personal friendship, the reverend gentleman propounded this question to the famous actor. "How is it," said he, "that we, who from the pulpit proclaim the great truths of the spiritual world in words that concern the welfare of men's souls in the infinite hereafter, have often to lament the indifference seen in the shifting, lackluster eye, and the unwilling, repellent expression of the face, and other evidences of the absence of interest, while you, in your interpretation of the mimic art, can hold men spellbound, and in obedient sympathy with every word that falls from your lips, and every movement made in the portraiture of human passion and emotion?" Forrest replied, "The solution of your inquiry is easy enough; you speak of the great truths of the spiritual world as though they were fiction, while we speak of fiction as though it were truth." This anecdote of two distinguished men, who no longer hold the boards of the stage of life, is here given in illustration of the power which may be, and often is, hidden and concealed by paucity of words and poverty of language, or it may be, too great redundancy of inapposite words, and deprived of effective utility from the want of force of both matter and manner that always comes of incomplete education and faulty scholarship. In public speaking, and in the requirements of public teaching, a word or a sentence properly expressed and intoned with a clear and distinct enunciation, and in resonant timbre and quality of sound, will convey a thought and a fact, and impress them indelibly upon the mind and memory of the hearer, while the drone of uncertain, hesitating, inaudible and indistinguishable speech, will soon fatigue the drowsy eye and lull the tired ear into soporuous content and indifference, and relief will come to his audience when it's all over and the speaker resumes his seat, and the few fitful plaudits he receives may just as well be taken as the evidence of satisfaction that he has finished what he had to say, even though he may have uttered words pregnant of thought and of scientific and practical utility. But, unfortunately, even this last comfort may be denied to the poor man who has just finished his task. Fully one-half, if not two-thirds, of what he has been saying has been completely lost because of vocal infirmity, and confused and imperfect articulation, and, in too many instances, by giving as new what was known long ago and as barren of interest as a twice-told tale.

There is a wondrous effectiveness and force in originality of thought and ingenuity of the reasoning faculty in solving and determining occult and uncertain questions and problems. How immeasurably is their effect enhanced when proclaimed from the rostrum with the "ore rotundo" of the eloquent speaker—eloquent in both matter and manner—and adorned with the grace and polish of a refined scholarship. The thrilling declamation of the "Marseillaise" by a Rachel or a Bernhardt, will fire the French heart to the verge of revolutionary madness with all its attendant horrors, while the softened modulations of the voice that whispers in our ear the kind word and the generous wish will shake us to our center and flood us all over with human sympathy and affection! These thoughts and expressions have been suggested by a few recent experiences from attendance upon discussions in some of the medical societies of this city. We will cite one.

With a crook in our back, and another in "the pregnant hinges of our knee," we enter the presence. We approach the altar of the "Sanctum Sanctorum," within whose

penetralia, as in a Jewish Temple, the sacred scrolls of learning are hidden and awaiting only the coming of the "Chazan," the High Priest, to proclaim the mighty truths inscribed within their folds, and which shall be to us our "Shibboleth," our counsellor and our guide for all future time. We await the auspicious moment that shall reveal all these wondrous things to our aching sense. Behold! it is here, and lo, a vision of beauty comes to us in a broad and bejeweled linen breast-plate, starched and stiffened "à merveille" and crowned with the immaculate neck-tie and clerical "white choker"—one would naturally expect to see a fount of wisdom suddenly gush out upon the awed and worshipping audience, and glint and sparkle in the radiance shed by the overhanging electricity. Then what is our dismay to find that, after all, these "but be human," these "cognoscenti," from whose lips we had hoped to gather pearls of thought and jewels of knowledge, and our parched and thirsty souls, instead of laving in the waters whose waves shall break into crests of wisdom and invigorate us with bright drops of refreshing coolness, we've but to wallow in a dull, sluggish and stagnant pool, filled with the slimy exuviae of worn out theories and creeds long ago exploded and forgotten and mouldy with the fenny and paludal excreta that can beget nothing but pseudo-scientific miasm and mental micrococci. Then into the minds of the profession, and especially those of its younger members, as also of students proposing to enter its ranks when they shall have completed their college requirements and have received competent authority to assume its duties and obligations, let this idea find its way, viz., that one of the surest adjuvants to promotion and to distinction in the profession and with the public is, first, the acquirement of knowledge. The term knowledge here used is meant to signify universality of knowledge, not that confined to professional text-books, but that which may be gathered from the wide realm of kindred scientific research, and gleaned and garnered from the fruitful fields of the domain of Literature and of Art. If the mind shall be liberally imbued with these powers, acquirements and accomplishments, then the next thing to do is to make others feel their influence.

Let the young aspirant for honor and distinction in his profession study and practice elocution; not the elocution necessary for parlor dramatics and private theatricals, or the graces that may serve him to

"Caper nimbly in my lady's chamber
To the lascivious pleatings of a lute,"

but the elocution and the grace of style and manner that will enable him to give to his knowledge the free vent and unimpeded issue of clear and distinct intonation, and untrammelled articulation with the "ore rotundo," as before expressed, and with the full timbre and quality of sound that shall reach the dulllest ear, and find its way to the cloudiest brain. How often do we see and hear specimens of pseudo-oratory unworthy even of a boy's debating society, and that vex the ear and shame the eye.

An amusing anecdote is told of that curious human medley of intellect and individual idiosyncrasy, John Randolph, of Roanoke, Va. It is related of him that when "in extremis" his friends besought him to have the comforts of religious counsel to soothe his dying moments. He consented, and when the minister came and asked to be permitted to read a chapter from the Bible, he listened for a while, but soon began to grow restive and impatient, and finally, in that piping treble of his, due to partial emasculation and imperfect manhood, with which infirmity he was often taunted in the halls of Congress—he broke out with a vehement "Stop! Stop! I'd rather die and go to Hell than hear the English language so abominably pronounced." We often think what a blessed relief it would be from the dull, stupid, monotonous drawl, the stuttering, stammering, sputtering hodge podge of mispronounced words and misshapen sentences, as if they would, now

and then, by way of variety, but "tear a passion to tatters," even though it split the ear of the groundlings."

Therefore, and for all these things, we say again to the young physician as he steps into professional life, and even before during student life, let it be among his first lessons to acquire knowledge as universal as possible—for "knowledge is power"—then to cultivate articulate speech.

Let him study Elocution!

MEDICUS.

WARD'S ISLAND HOSPITAL TRAINING SCHOOL.

This school which owes its existence to the indefatigable efforts of Dr. G. I. Stewart (Chief of Staff), was organized in February, 1892, with ten nurses under the direction of Miss Ellen Enwright. She, however, remained only a few months, and was succeeded in March by Miss E. F. Lincke. There are at present seventeen nurses in training. The course of study extends over a term of two years, and consists of lectures on anatomy, physiology, hygiene, materia medica, massage and electricity, antiseptic surgery, obstetrics, diseases of children and dietetics. The last-named subject proving a valuable help in the well-appointed diet-kitchen, where the nurses are taught practically the preparation of food for the sick, which forms so important an item in a nurse's training. The uniform of the school is exceedingly attractive. It consists of a plain blue gingham dress, large apron with bib, white cap and tie. Those not familiar with a nurse's busy life might readily imagine life on the Island to be very lonely, but if appearances count for anything, the nurses are happy and seem to enjoy their work.

December 27, 1892.

TRANSLATIONS, GLEANINGS, ETC.

The Post-Graduate Medical School.—The ceremonies of laying the corner-stone of the new building of the Post-Graduate Medical School and Hospital took place recently on the site of the proposed structure, at the northeast corner of Twentieth street and Second avenue. The principal address was delivered by Professor T. Gaillard Thomas, M. D.

After a brief prayer by the Rev. Dr. Vincent, Prof. D. B. St. John Roosa, M. D., president of the school, spoke in part as follows:

Prior to 1893 physicians from all parts of this country and from Canada and the West Indies were constantly coming to New York for the purpose of getting advanced and special instruction in medicine and surgery. However excellent a general practitioner a man may be, he does not necessarily have the special knowledge that is required for the treatment of many of the local diseases of the human body and for some serious surgical operations.

The general practitioner of hamlets and small towns has no complete opportunities for many such cases in an ordinary course. A few years of practice makes him desire the vast experience afforded in a great city. Men of this class sought the metropolis. Here they found that, while the opportunities were ample, they were not arranged for their use, not gathered on one available place, not readily found.

In 1874 an attempt was made in one of the medical colleges of the city that connected with the University to provide special instruction for these men by giving what was called post-graduate lectures. But these were too few; too few patients were exhibited at one time to be of any great service. The intervals between the clinics were so great that the time required to attend them was too long for a man engaged in the active practice of medicine to be absent from his home. The post-graduate faculty of

that institution, on the 4th of April, 1882, giving up the work of teaching graduates and undergraduates on the same benches, decided to resign from that institution and to found what was to be termed a post-graduate school. This was the beginning of this institution. The names of those who thus resigned, and who then founded this school, are to-day deposited in this corner-stone.

The first year one hundred practitioners of medicine attended the courses of this school, the last year more than five hundred. It was soon seen to be necessary that a hospital as well as a dispensary should be an integral part of the plan. The first hospital was the one for infants under three years of age, known all over the country as the babies' wards. This was established at the suggestion of Dr. Sarah McNutt, of this city, and the first thousand dollars essential for its establishment was given by a lady, whose home is very near to this spot, and who belongs to a family whose honored founder will be ever spoken of by New Yorkers as a model philanthropist. In due time the woman's ward, the men's ward, the orthopedic ward followed that for the babies, until a fully equipped hospital, largely supported by the benevolence of New York, is under our own roof. It is to give room for the work of this series of hospitals that we are about to erect this building.

The idea of hospitals with the avowed double purpose of caring for the sick and teaching those who are licensed to practice medicine is one that never had had full recogni-



NEW POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

tion and scope in New York City until the union of a hospital with a medical school, as it obtains in this institution, was effected. This post-graduate school and hospital is a scientific charity, with large resources from the fees from its students, and yet not using any of this income for the purpose of salaries to the professors or instructors, but for the maintenance and enlargement of our hospitals. With even this disposition of our income it is impossible completely to equip and carry on the hospitals in a proper way. But we trust in the future, as we have so happily in the past, to the generosity of the men and women of New York, who find in our work one of the means of making the world a little better and a little happier, and who have enabled us to lay this corner-stone, and who, we believe, will stand by us until the end crowns the work.

When Dr. Roosa had finished his historic and descriptive remarks, the stone was formally lowered to its place and declared by him properly and truly laid. On retiring to the lecture room of the Post-Graduate School, No. 226 East Twentieth street, Professor T. Gaillard Thomas delivered an interesting and eloquent address, saying in part:

In the year 1893 the inspiration to establish schools of instruction for physicians who had had some years of practice, who knew by experience their shortcomings, and who were desirous of strengthening their weak points, came simultaneously to two sets of men in this city, one of which founded the "Polyclinic," and one the "Post-Graduate School," the corner-stone of whose future college we have assembled here to lay to-day.

Since its foundation it has inspired the creation of similar centers of learning in other cities of our country, and thus greatly increased its sphere of usefulness. This multiplication will surely continue with a resulting benefit to society which is beyond calculation. As the fitness of the church for dealing with the moral problems of our nation is recognized, so would one think that the capacity of medicine to deal with its questions of health would be admitted beyond question. That no such admission is really and practically made among us no more striking proof could be given than the fact that in the most important medical offices of New York, the near successors of two intelligent and incorruptible officers, Vanderpoel and Chandler, are a physician whose name is entirely unknown in the annals of hygienic medicine, and a merchant whose knowledge is presumably no greater than that of his class in general. And yet to these men, ignoring the opinions, disregarding the sentiments, and entirely despising the inalienable rights of medicine, those who have the responsibilities of the government of this great seaport coolly intrust its sanitary interests. Far be it from me to impugn the efforts or the motives of the two officials of whom I have made mention. So far from wishing to do so, I boldly take the unpopular stand that the attacks which have been made upon them are greatly to be deplored as unjust aspersions of men who have done their best with the means at their command for the public good. They both deserve the gratitude of this city for their energy, their devotion and their untiring labors. As Louis XVI. was sacrificed in consequence of the pernicious system which centuries had established to crush him, so do these officials suffer to-day from an accumulation of disgraceful and vicious political practices. It is not these men who are at fault in any way. The fault lies with the deplorable state of politics with us which has made the great sanitary interests of this metropolis spoils of political success, to be given as rewards of political fealty.

Professor Thomas closed his address with an eloquent tribute to the science of medicine and surgery, and to its representatives of all classes who seek unselfishly to exalt the standard of their profession, and who labor to seek the most perfect means for the alleviation of the suffering of mankind.

The new building and the land, when completed, will cost \$250,000. The building will be constructed of Indiana limestone and light brick. Besides the lecture rooms and apartments for offices, there will be accommodations for two hundred patients and a special department devoted to babies' wards. Some of the wards will be free, and there will be several private rooms for patients.

The school is open to all post-graduates in medicine and surgery of either sex. Since the school opened about one hundred women have received certificates. Nurses are trained here also. They receive \$8 per month to cover cost of clothing, and if qualified at the end of two years receive the official certificate. There are now about sixty nurses in the training school.

Tuberculosis From Circumcision.—Dr. F. Kinnicut reports (*N. Y. Med. Jour.*) the case of ten Hebrew boys circumcised by a phthisical physician whose saliva came in contact with the wound. Symptoms of infection developed ten days later.

Earache: irrigate the external canal with a six per cent. solution of cocaine.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Peroxide of Hydrogen in Epilepsy.—In the *Asclepiad* for September, 1891, Dr. B. W. Richardson confirms a previous favorable report on the use of peroxide in epilepsy. In one case of thirty years' duration, he prescribed two drachms of the ten-volume solution twice daily in water. The attacks were reduced in frequency and in severity from the first; and for seven years the patient kept the remedy at hand, believing that without it the attacks would recur. She employed it occasionally, and eventually recovered completely. Recoveries from epilepsy after so long a period are sufficiently rare to render this case worthy of note. Slight ptialism occurred sometimes while the peroxide was being taken, but the patient stated that she thereby experienced relief from symptoms of cerebral oppression and vertigo. Dr. Richardson advises a systematic trial of peroxide in epilepsy, especially in the Jacksonian variety.

Coffee in Uterine Inertia.—Strong, hot coffee, drank without seasoning, in those cases of labor where there is uterine inertia, will increase the pains actively.

Muriate of Ammonia in Rhus Poisoning.—Dr. J. H. Freeman, of Nevada City, Cal., in the *Eclectic Medical Journal*, says: I have found a specific for rhus poisoning:

B Muriate Ammonia.....2 drachms.
Aque.....4 ounces.

M. Sig.: apply to parts affected two or three times a day.

Hundreds of cases treated by the writer in the past fifteen years in a country literally covered with the poisonous vine have abundantly proven the efficacy of the remedy. Cases of some days' duration, with eyes closed and genitals excessively swollen and painful, recover perfectly in about three days.

Naphthalene as a Vermifuge.—In the *Mercredi Médical* for May 20, 1891, Dr. Mirovitch, of Bielsk, speaks of naphthalene as the best agent for expelling tenia. In his opinion it is superior to all other remedies, because of the certainty of its action and the absence of all toxic effect, for it is absorbed in but very minute quantity by the gastro-intestinal mucous membrane. The dose for adults is fifteen grains, given when the stomach is empty, and followed immediately by two tablespoonfuls of castor oil. Children may take from four to eight grains, and at the same time a tablespoonful of castor oil, flavored with a few drops of essence of bergamot. During the two days preceding the administration of the drug the patient is to eat freely of salted, acid and spiced foods. Dr. Mirovitch states that in all his cases one dose of naphthalene was sufficient to expel the tape-worm, the head included, even in cases in which other drugs had failed. He had also found the drug most effective in the treatment of patients with ascarides.

The Electric Light as a Therapeutic Agent.—Dr. Stein, in the *Revista de Ciencias Medicas*, says that the electric light, by illuminating the parts, has been used successfully in rheumatic, hysterical and neurasthenic affections. He has an apparatus which he has named "fotofora," consisting of a twelve volt incandescent light, furnished with an infundibuliform reflector and a handle. His modus operandi is to illuminate the painful nerve (as in sciatica) or joint for from two to five minutes, and the results obtained have been surprising. The alterations which take place (especially in the nerves) are possibly molecular.

Glycerine as an Antipyretic.—Semmola (*Brit. Med. Jour.*) says that, seven years ago, he proposed the use of glycerine as an antipyretic in acute infectious diseases. He showed by laboratory researches, as well as by clinical experiments, that glycerine is harmless and that as a waste-preventing food and as an antithermic it is unques-

tionably superior to alcohol. Since that time, therefore, he gives in acute infectious fevers the following draught:

B Pure glycerine.....	.60 grammes.
Tartaric or citric acid.....	5 "
Water.....	.600 "

50 grammes to be taken every hour, or half that quantity every half hour.

Semmola employs alcoholic medication solely as a stimulant remedy, to be used only in emergencies and in small doses.

Treatment of Epilepsy.—Under this head Poulet, of Placnales Mines, in *Bull. Gén. de Thérapeutique* writes of a combination of bromide of potassium with calabar bean, which has given him success in the treatment of obstinate cases of epilepsy where the bromides alone had failed. A favorite formula of his is:

B Bromide of potassium.....	100 parts.
Tincture of calabar bean.....	35 "
Water.....	.470 "

Sig. A tablespoonful, to be increased to a tablespoonful and a half, then two tablespoonfuls, daily.

A tablespoonful contains about 57 grains of bromide, and about 16 minims of the tincture. The medicine may be given in divided doses instead of in one full dose, half a teaspoonful being given at first twice, then three times, then four times a day.

Poulet reports five obstinate cases treated in this manner. These were cases where bromide alone failed to cure.

He terminates his article by the following conclusions:

The bromides remain the sheet-anchor in the treatment of epilepsy—and by the term "bromides" we have special reference to the bromide of potassium, which alone is truly efficacious.

There are, however, a great many epileptics whose attacks are only mitigated or postponed, not completely suppressed, by bromide of potassium.

In such cases, if we associate the bromide with some medicament which possesses properties identical with those of the bromide (that is, being capable of anemiating and decongesting the nerve centres, and paralyzing the system of voluntary muscles), we generally attain results which are perfectly satisfactory in essential epilepsy, and even in partial or Jacksonian epilepsy, on condition that, in the latter, we begin by the specific treatment of the determining cause. The substances that have been most successful are calabar bean, picrotoxin, and belladonna. In cardiac epilepsy, digitalis must be added.

We may indifferently substitute sulphate of eserine for the preparation of calabar bean, sulphate of atropine for those of belladonna, and digitalin for digitalis.

Large Subcutaneous Injections of Salt Solution in Hemorrhage.—Van Murchurer, of Dresden, reports eight cases of hemorrhage, seven of them in confinement, which were successfully treated by the subcutaneous injection of a six-tenths of one per cent. salt solution. A rather large-sized hollow needle is sterilized by heating it over an alcohol flame, and the rubber tube and funnel, or irrigator, are disinfected with a five per cent. solution of carbolic acid, directly after which the apparatus is filled with salt solution. One or two pints of the solution, at a temperature of 37°C., are injected into the back, between the scapulae or near the axillae, at one or several points. The absorption and distribution of the solution are promoted by massage of the part. This method is less dangerous than transfusion, and is comparatively painless.

Cantharides in Cancer (Lancet).—More than twenty years ago it was reported that the Russian peasants were in the habit of using some kind of beetle as a remedy for cancer. Since that time some observations have been made which would appear to point to the possibility of cantharides being of some use for this purpose. In 1860 Dr.

Wilms excised the left breast for a tumor of the size of a small walnut, which was shown by the microscope to be a reticular carcinoma. It returned, and was again excised a year after the first operation. A mixture of tincture of cantharides and camphorated wine in mucilage was now prescribed, and was continued for three months. The patient, who was a widow at the time, afterwards married again, and gave birth to two children. She is still alive, and there has been no recurrence. Again in 1880, a somewhat extensive cancer of the breast was operated on in the Augusta Hospital, after which the patient was treated with cantharides, and was known to have had no return of the tumor six years later; indeed she is believed to be alive and well at the present time. Once more, in 1879, a stricture of the esophagus, evidently of a carcinomatous nature, developed somewhat rapidly in a female patient; she was treated with cantharides, and a decided improvement took place, so that she was able to swallow small pieces of food, if they were well masticated. She is alive still, but feels, however, some inconvenience from the stricture and at times is obliged to have recourse to the cantharides.

Vomiting after Chloroform.—Lenevitch (*Med. Obzerenie*, No. 1, 1891) emphatically draws attention to a method for arresting obstinate vomiting which so frequently occurs after chloroform anesthesia, especially in cases of abdominal section. The method consists in thoroughly washing out the patient's stomach with lukewarm 0.5 or 1 per cent. solution of soda.

Camphor in Urinary Diseases.—Dr. Joseph Thornley, in the *Monthly Hom. Review*, Oct. 1, 1891, relates three cases of urinary disease treated with camphor, which he says may be of interest to the general practitioner, to which a medicine which has proved to be sure and powerful is invaluable. In those cases in which strangury was the most prominent symptom, its action was like magic. In two of the cases the pain during and for some time after micturition, was so violent that it was a source of terror to the patient. Yet, in a few hours, this condition was entirely removed by the aid of this drug. Three-drop doses of the tincture were given on sugar, every three or four hours.

Since the above cases, all of which were very acute, he has given camphor in many cases with charming results.

Light in the Sick Room.—Dr. B. W. Richardson in the course of a lecture on "Disease and How to Combat It," remarks as follows: There is nothing so bad as a dark sick room; it is as if the attendants were anticipating the death of the patient; and if the reason be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient can not bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice, which once prevailed so intensely that the sick, suffering from the most terrible diseases, smallpox, for instance, were shut up in darkness, their beds surrounded with red curtains, during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick room. It is not only that dirt and disorder are results of darkness—a great remedy is lost. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily the hospital ward, notwithstanding its defects, and it has many, is so far favored that it is blessed with the light of the sun whenever the sun shines. In private practice the same remedy ought to be extended to the patients of the household, and the first words of the physician or surgeon on entering the

dark sick room should be the dying words of Goethe: "More light, more light!"

Iodide of Potassium in Angina Pectoris.—Dr. Lauder Brunton, in a paper on "Cardiac Pain and Angina Pectoris" (*Practitioner*), after speaking of the value of nitrite of amyl, nitro-glycerin, nitrite of sodium, etc., as agents by which the blood pressure may be rapidly diminished and the attacks of angina relieved, states that "first and foremost, amongst the drugs that are really efficient in tending to prevent the recurrence of the attacks in angina, comes iodide of potassium in doses of five to thirty grains three times a day."

Ice in Phlegmasia Alba Dolens.—Dr. John A. Miller (*Pacific Med. Journal*), in entering on the subject of "milk leg," speaks highly of the efficacy of the cold treatment of the disease. He first used it in 1886, and since then has used it in six cases, with uniform and decided success. The procedure was in the following manner: An ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, were laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage. The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort. She desired the ice bags to be renewed quite often at first, as she claimed they relieved the pain, as anything else had never done before. The pain was entirely controlled by the cold. The temperature dropped from 108° to 100° the next day, and the patient commenced to improve, which continued uninterruptedly. The towel was freshly dipped from four to six times in the twenty-four hours. As soon as the patient experienced relief, she was quite anxious to endure the temporary chill from a fresh compress, because the limb felt always better for it afterward; as the towel soon became dry and hot, and this gave rise to painful symptoms again.

Electric Cataphoresis in the Treatment of Gout and Rheumatism (Dr. Imbert de la Touche. *Jour. of Electro-Therapeutics*, Jan., 1892).—The treatment which I propose for the cure of rheumatic and gouty troubles rests upon two points:

1. The introduction of remedies into the tissues by means of the cataphoretic action of the galvanic current.
2. The employment of high intensities after a method of my own, in order to obtain the tonic action upon the whole system.

A sponge saturated with the remedy is attached to the positive pole.

Iodide of lithia, tincture of bryonia, iodide of potassium or other substances may be used, according to the indications; but the doses should be small, since it is important to avoid burning the skin. If this occurs, it causes much suffering to the patient and makes it necessary to interrupt the treatment.

Waite & Bartlett, of New York, have constructed an instrument of rubber, in the form of a cup, in which the sponge, saturated with the medicine, is placed. It is then applied directly to the skin, a strap holding it in position. Peterson has had an electrode made of a peculiar pattern, in order to secure exact dosage.

The second point in the treatment consists in the employment of strong currents by means of electrodes of large surface.

I use large sponges of ordinary fineness, soaked in the solution of the remedy to be used. I apply them on either side of the knee, for example, ten minutes to each joint treated, increasing the current slowly and steadily up to 60, 80 and even 100 milliamperes.

The toleration of the patient is the limit.

When treating the lower limbs I finish by joining the two poles on one limb, and the two poles on the other, and then allow the current to flow through the body, increasing it up to the maximum and then decreasing again.

The patient immediately feels what might be termed waves of heat, which mount gradually from the knee or the ankle to the pelvis, and which produce, when caution is used, a sort of indefinable feeling of well-being, so that the patient himself will ask for it.

As was said, the tolerance of the patient is the best guide, and it is surprising what strong currents can be supported, when the increase in strength is produced gradually and the parts are properly protected. These currents are not well borne when small electrodes are used. The operation is much more painful, and there is danger of injury to the skin.

If weak currents are used, the important tonic effects are not obtained.

It is very difficult to fix the number of treatments necessary for a cure. As Trousseau says, a chronic disease requires a chronic treatment.

Everything depends on the condition of the patient, how far his general system has become debilitated, etc.

Twenty treatments, at least, will be required, perhaps more. In cases where the treatment will do good, there is generally a certain amount of improvement at the outset which encourages the patient to continue.

At the beginning of the treatment it should be given every day. Later on the intervals should be increased.

The treatments vary in length from fifteen to twenty-five minutes, according to the susceptibility of the patient. Strong, healthy patients need take no special precautions after the treatment; but those whose general condition is poor should avoid all mental and physical effort. The best of all is to lie down for a short time after each treatment.

Inoculation with the Blood-Serum of Immune Animals for the Cure of Snake-Bite.—Mr. Dinshah Ardesir Tale-yankhan, the municipal commissioner of Baroda, India, has published a pamphlet on this subject, in which he says that the common weasel is proof against snake-bites, and it will attack and kill any snake that it may come across, never suffering in the slightest from the serpent venom. He suggests, therefore, that the blood serum of this weasel (or mongoose?) be injected in case of snake-bite, and believes that experience will show that this is an effective antidote against the poison.

Gelsemium for Lumbago.—It is stated that ten drops of tinct. gelsemium, every four hours, will almost invariably relieve that painful condition or backache, commonly called lumbago.

Smoking as a Means of Shortening the First Stage of Labor.—Dr. J. F. Bird, of Philadelphia, gives an account, in the *Med. Bulletin* for November, 1891, of his observations of the wonderful effects of the use of tobacco in promoting the dilatation of the os uteri, and thereby shortening the first stage of labor. He writes: Some twenty-five years ago, I was called to a case of labor which resisted all the usual means of bringing about the dilatation of the os. The labor was at the full term, and the pains were regular and exceedingly severe. At my first visit, I bled the patient to the extent of sixteen ounces without the slightest effect. For the ensuing twenty-four hours I administered antimonials *ad nauseam*, with the same results. I then opened a vein in the arm, and took about as much blood, *pleno rivo*, as at first, and still no relaxation. This time I carried the bleeding as far as was consistent with safety. My next resort was to the pipe. My patient had been smoking but a short time before nausea occurred, and in twenty minutes the dilatation was complete, and the child was expelled immediately, and in good condition. This was the second labor, and the patient informed me that in her first labor she had experienced the same rigidity, notwithstanding two profuse venesections.

Since the occurrence of the foregoing case, I have resorted to the use of tobacco in very many cases. I usually have the patient smoke a good cigar; two are sometimes required. The labor should be fully established before resort is had to the smoking, and the effect is more satisfactory if the os has become slightly dilated. Quite a number of physicians, at my suggestion, have tried the remedy, and with highly gratifying results. It may be observed that the uterine contractions are not at all suspended by the smoking, whilst they are rendered perfectly and quickly efficacious.

The danger of perineal rupture is greatly lessened, in consequence of the muscular relaxation caused by the use of the remedy. Indeed, this effect is well nigh as important as the dilatation itself. In short, I know of no means of shortening the pains of labor more efficacious than smoking a cigar.

The Physiological Salt Solution (*Columbus Med. Journal*, October, 1891).—The "physiological salt solution" has been brought to the attention of the profession of late by the report of a larger than usual number of cases in which it had been used with apparently the happiest results, the patients being rescued from conditions in which death seemed imminent, showing immediate improvement, and convalescing favorably. The exact proportion of this solution is one part of sodium chloride to one hundred and thirty parts of water, which proportion is expressed in the prescription of one drachm to the pint. The cases in which it is indicated are those of shock and acute anemia from the loss of a large amount of blood, cases in which the action of both medulla and heart become almost nil from the sudden withdrawal of blood supply. This lack of blood supply means not only an absence of food for the vital centers, but likewise deprives them of the current which removes the waste products of their activity, the cells becoming poisoned in their own excretions.

The physiological salt solution acts by replacing the bulk of the blood that has been lost. It flushes out the collapsed arterial system, carries away from the vital centers their effete products, and since it approaches in specific gravity and re-action the normal blood fluid, is the best vehicle for taking in solution and carrying to these centers whatever of food matter may remain stored in other tissues.

Obstetrical and surgical cases, complicated by enormous blood loss, or secondary hemorrhages, where the patient is unable to rally from the second shock which these give, are the ones usually calling for this treatment. Little attention has been paid to any mode of administering this solution, save by intravenous injection which is the ordinary method. Emergencies may arise in practice where the intravenous method for some reason may be contraindicated, or the physician has not the means at hand to perform the operation in such manner as safety demands. The report of a recent case tends to show that in such cases the solution can be thrown into the lower bowel, where, retained by compresses if necessary, it brings about, though to a less degree, the same reaction noted on its intravenous use. The body impoverished of its fluids, greedily absorbs of the fluid from the distended bowel, while the warmth of the solution as injected has a beneficial effect, helping to sustain a temperature already subnormal.

The range of cases in which it can be used is not a wide one, neither will it avert the fatal issue that is bound to be a part of the history of such cases, but if now and then it adds the one saving chance which the patient may find among the many opposing ones, or if it stays the fatal issue for an hour or a day, it has not been resorted to in vain.

Dr. John Arschagouni, late of Ward's Island Hospital and Five Points Hospital for Children, has located at 252 East Broadway.

Water as a Local Anesthetic.—It is stated in the *Deutsche Med.-Zeitung*, No. 66, 1891, that Dr. C. L. Schleich has made experiments on himself and his assistants which demonstrate that the hypodermatic injection of simple sterilized water produces local anesthesia of several minutes' duration, and so complete that incisions may be made into the skin without the slightest pain. Dr. R. H. M. Dawbarn, writing to the *Medical Record*, Nov. 19, 1891, claims that this discovery is nothing new—also, that it is American and not German. In 1885, he says, Dr. W. S. Halsted, now surgeon-in-chief at the Johns Hopkins Hospital in Baltimore, informed him that he (Dr. H.) had recently been using water by the hypodermatic needle as an anesthetic for small operations, and with success. Dr. Dawbarn also quotes the following passage from Bartholow's *Materia Medica*, 5th edition, 1885, p. 690: Subject, Aquapuncture: "It is a remarkable fact that aquapuncture has the power to relieve pain in a superficial nerve. So decided is this effect that there are physicians who hold that the curative effect of the hypodermatic injection of morphine is due, not to the morphine, but to the water!"

Bismuth Subnitrate as a Dressing for the Navel.—Dr. G. A. Stuart, of Wahu, China (*Medical News*), writes: For several years I have used bismuth subnitrate as a dressing for the umbilical cord in the newborn. The method of application is as follows: Cut a piece of lint sufficiently large to fold over and prevent the bismuth from being dispersed. Through this a hole is made small enough to fit tightly about the cord and prevent dispersion at that point. The abdomen about the cord is dusted with the bismuth, the cord is passed through the hole in the lint, and the lint pushed well down upon the abdomen. Bismuth enough to completely bury the cord is applied, the lint is folded over smoothly and the binder applied. The advantages I claim for this mode over all others are the following: (1) Convenience. It has to be applied only once, as the cord immediately dries up, and does not need to be disturbed until it has dropped off. (2) Cleanliness. There is absolutely no odor, and the addition, at the time of the bath, of a little bismuth to places showing evidences of moisture will keep everything dry and sweet. (3) Safety. Mothers and nurses are not meddling with the dressing, since everything goes on satisfactorily. There is left no sloughing, no discharging stump to corrode the surrounding tissues and bring on hemorrhage or predispose to hernia. (4) The cord drops off sooner than by any other method. For small cords, three days; for large ones, five—rarely exceeding six—constitute the usual time. (5) A better and firmer cicatrix is left than by any other method known to me. Since I have been using the bismuth dressing I have had no accidents, and 100 per cent. of good results. Much depends upon the manner of dressing, and I have, therefore, somewhat minutely described its application.

How to Treat Those Who are Overcome with Gas.

1. Take the man at once into the fresh air. Don't crowd around him.
2. Keep him on his back. Don't raise his head or turn him on his side.
3. Loosen the clothing at his neck and waist.
4. Give a little brandy and water—not more than four tablespoonfuls of brandy in all. Give the ammonia mixture (one part aromatic mixture to sixteen parts of water) in small quantities at short intervals—a teaspoonful every two or three minutes.
5. Slap the face and chest with the wet end of a towel.
6. Apply warmth and friction if the body or limbs are cold.
7. If the breathing is feeble or irregular, artificial respiration should be used, and kept up until there is no doubt that it can no longer be of use.
8. Administer oxygen.

Ready Examination of Urine.—Put a drop on a strip of white filtering paper, heat it slowly and carefully, and if sugar be present, the spot dries with a yellowish-brown to deep brown, depending on the amount. If albumen be present the color is yellow, merging perhaps into yellowish-red. Chloroform is a test for bile. A few drops added in a test tube will become turbid and acquire a yellowish tint, darker or lighter, according to the quantity of bile present. Perchloride of iron develops a blue tinge if the patient is a morphine eater.

Nature's Cure of Phthisis.—Dr. Henry P. Loomis states (*Med. Rec.*) that he has found quite a number of cases of recovery from phthisis. His summary is as follows:

1. Out of 763 persons dying of a non-tubercular disease seventy-one, or over nine per cent., at some time in their life had phthisis, from which they had recovered.

2. The new fibrous tissue by which the advance of the disease was apparently checked and the cure effected, developed principally by round-cell infiltration of the interlobular connective tissue, which in some instances had increased to an enormous extent. Some of the new fibrous tissue was formed later by round-cell infiltration in the alveolar walls and around the blood-vessels and bronchi. Pleuritic fibrosis appears to be secondary to tubercular processes in the lung substance. The interlobular connective tissue is the primary and principal source of the fibrosis.

3. Tubercle bacilli were present in the healed areas in three out of twelve of the lungs examined. These healed areas did not differ in their gross or microscopical appearances from those in which they were not found.

4. Thirty-six per cent. of all cases where the lungs were free from disease showed localized or general adhesions of the two surfaces of the pleura.

Pain in Heart Disease.—Nothnagel (*Zeitschrift f. Klin. Med.*, Vol. XIX, No. 3) tabulates 483 cases of valvular disease of the heart with reference to pain. Lesions at the aortic orifice were most frequently accompanied with pain, while lesions at the mitral orifice were the least affected. Sixty per cent. of the cases of regurgitation were accompanied by pain, while only seven and one-half per cent. of the cases of mitral regurgitation had painful attacks. Curiously enough the combination of mitral regurgitation with aortic regurgitation seems to reduce the percentage of painful cases, only eighteen per cent. of such cases having painful attacks. He calls attention also to the frequency of pain in cases of disease of the heart-muscles without valvular disease. He holds that in a case where the diagnosis is uncertain, the occurrence of pain in the cardiac region, while, of course, not making the diagnosis sure, is of the greatest moment in pointing toward heart disease. Cases of arterial sclerosis, with cardiac hypertrophy, are much more frequently accompanied by pain than other forms of this latter class.

Human Nature.—A little boy of four years has for some time had a habit of waking about midnight and calling for a drink of water. At last his mother told him that she would not get up any more to wait on him; that she would put a pitcher of water and a glass on the stand near his bed, and that if he wanted water in the night he must get up and get it himself. She placed the water on the stand in his sight and left him. That night, at the usual time, she heard the boy's call—"I want a d'ink o' water! I want a d'ink o' water!" But she paid no attention. He called two or three times, and after he had whimpered a bit she heard him get up and thump along the floor to the stand. And through the darkness came this very positive ejaculation: "I hope I thpil every jam jop."—*Med. Review.*

He Hadn't Taken Anything.—"Have you taken anything for your influenza?" asked the doctor of a long, lank, hungry-looking man who came to him complaining of being "all run down," his appearance verifying his words.

"Well, I ain't been takin' much of anything, doctor—that is nothing to speak of. I tuk a couple o' bottles o' Pinkham's bitters awhile back, an' a bottle o' Quackham's Invigorator, with a couple o' boxes o' Curem's pills, and a lot o' quinine and root bitters my old woman made up. I've got a porous plaster on my back an' a liver pad on, an' I'm wearing an electric belt an' takin' quinine and iron four times a day, with a dose or two of salts ev'ry other day. 'Ceptin' for that, I ain't takin' nothin'."—*Ex.*

The Normal Temperature of the Aged.—Kelynack, of Manchester, has made some observations on healthy aged persons, which go to show that (1) the normal senile temperature, as registered both in the rectum and axilla, is very distinctly below that of healthy children and adults. (2) That the rectal or internal temperature in old age is almost always higher than the axillary, but varying from 0.2° to 1° F.

Catheterization of Women.—Dr. Paul F. Mundé said recently in a lecture (*Int. Jour. of Surg.*): In order to avoid carrying anything into the bladder which may give rise to infection, such as pus, vaginal secretion, blood, or anything that does not belong there, I always have the lips of the vulva separated, the vestibule cleaned with bichloride solution, and then carefully exposing the urethra I introduce a glass catheter. The catheter should be always kept in a mild carbolic acid solution. I have had two cases of acute cystitis brought on this winter in my private hospital through carelessness on the part of a nurse in the use of the catheter. Both patients had been operated upon by myself without the occurrence of any trouble from the operation. So I would advise you to be very careful with the use of the catheter in this respect.

Six Boys at a Birth.—Mrs. C. K. Smith, wife of a white laborer living on a farm near Holly Springs, Miss., has given birth to six babies, all boys, well developed, and weighing in the aggregate forty-five pounds. The mother and babes are doing well. They have been named: Lee, Jackson, Van Dorn, Grant, Sherman and Buell.

Transmission of Tuberculosis by the Seminal Fluid.—At a meeting of the Society of Anatomy and Physiology of Bordeaux, Solles (*Jour. de Méd. de Bord.*, 1892, No. 5, p. 52) reported the results of experimental inoculation of two guinea pigs, the one with the fluid expressed from the testicle of a tubercular subject, and the other with the spermatic fluid obtained from the seminal vesicle of another tubercular subject. In the first, the induration at the site of inoculation slowly disappeared, without involvement of adjacent glands, and the animal recovered. In the case of the second guinea pig fatal general tuberculosis developed. The evidence, in so far as furnished by a single case, points to the hereditary transmission of tuberculosis.

A Lurking Danger.—It is no new thing that stamps and envelopes should be blamed as a cause for numerous petty illnesses which occur to those who constantly use them, says the *Lancet*. The connection between a habit of licking the gummed surface and an irritated tongue is not entirely imaginary. The mere contact of the mucous membrane with an adhesive substance, if often repeated, must encourage abrasion of the former. Another element of danger exists in the well known impurity of office gum. It is usually as easy as it is advisable to avoid licking stamps, and it is never safe to apply them to a wound.

To Make Steel Instruments as Bright as New (*Medical Brief*).—Clean the instruments by rubbing with wood ashes and soft water. Then soak them in a weak solution of hydrochloric acid in water (about ten to fifteen drops to the fluid ounce) for a few hours, to remove the remaining rust and grease. Then wash them well in pure soft water. The next step is to place them in a bath consisting of a saturated solution of tin chloride. Let them remain ten to twenty-four hours, according to the coating desired. When removed from the bath, wash them clean in pure water and dry well. When the job is well done, the steel will appear as if nickel plated.

Artificial Cornea.—The *Berlin Klin. Wochenschrift* publishes a seventh case of transplantation of cornea by Prof. V. Hippel, of Königsberg. There was a dark brown central discoloration of the cornea, three millimeters in diameter, and reaching down to the membrane of descemet, which had been caused by the action of nitrate of silver. Cocaine having been applied, the non-transparent part of the cornea down to the membrane of descemet was cut into by a little trephine, the crown of which was four millimeters in diameter, and carefully removed. The author then excised by the same means a similar piece from the whole thickness of the cornea in a young rabbit, and transplanted this to the eye of his patient. It filled the wound exactly, and was on a level with the rest of the cornea. Iodoform was applied, and both eyes were bandaged. Healing proceeded without any trouble, and in six weeks the patient was discharged with a completely transparent cornea.

Rough and Ready Test for Cancer.—Mr. H. J. Sites, of Edinburgh, proposes the following as a quick method of diagnosis for carcinoma at the operating table. 1. Excise the mamma. 2. Wash thoroughly in water to remove blood. 3. Place in a five per cent. solution of nitric acid for ten minutes. By the time these procedures are executed the axilla is cleaned out and the vessels tied. The mamma is now examined. The carcinomatous structure appears a dull white, like the eye of a boiled fish; the healthy tissue translucent. When such reaction is seen, additional tissue should be removed at the corresponding point.

Post-Diphtheritic Paralysis.—The study of post-diphtheritic paralyses (thirty out of one hundred and forty-four has led Baginsky (*Archiv. F. Kinderheilkunde*, Heft IV., V., VI., BD. XIII) to the following conclusions:

1. The more intense the diphtheritic process in the pharynx the earlier does paralysis follow. We usually have paralysis of the soft palate; it appears consecutively with albuminuria or well-developed nephritis, affects the heart often and early, and the children die with symptoms of heart-weakness.

2. Paralysis coming more slowly or later is associated with non-gangrenous or non-septic processes; generalization of paralysis, but especially localization to the diaphragm, is dangerous. Paralysis of the diaphragm is more common than is usually accepted. It is characterized by almost complete aphonia, cough, with difficult expectoration of copious, foamy and viscid mucus, dyspnea with thoracic respiration. The affection is usually, though not always, fatal; death occurs with asphyxia, bronchitis or bronco-pneumonia, or suddenly with complete cessation of respiration.

3. The manifestations on the part of the heart are manifold. They vary from diminution in tension in the arteries to arrhythmia with symptoms of stasis. Auscultation shows disappearance of the first sound, indistinction of both sounds, duplication of the first sound. At the same time there is a rapid, sudden, and very great swelling of the liver, ominously prognostic. Cheyne-stokes respira-

tion may occur, but recovery may take place after the appearance of all these symptoms.

The best results were obtained by subcutaneous injections of sulphate of strychnine, 0.003 to 0.0004 *pro die*, in three injections, and of camphor. Arnheim comes to the conclusion that diphtheritic paralysis has as its pathological basis a polynuritis; in Virchow's words, neuritis parenchymatosa et interstitialis proliferans.

New Iodine Bottle.—Dr. Geo. E. Abbott (*Med. Record*), states that he has found the following to avoid all those annoying accidents which result from the cork of an iodine bottle becoming extracted in the instrument case: Fill the bottle selected with absorbent cotton; pour in the tincture iodine to complete saturation; then pour out all that will readily drain away. One now has plenty of iodine in very safe form. Any application thrust into the cotton-filled bottle will be immediately saturated, for painting the vagina, or external work. Yet the bottle may be carried safely in satchel, or upset on the carpet, etc. This plan may also be adopted for other medicines, as pyroligneous acid, carbolic acid, or any other material used for applications and liable to spill.

Catarrhal Laryngitis of Bicyclists.—Dr. Rayneau (*Med. Neuigkeiten*, No. 2, 1892) describes it as follows: Acute beginning; sensation of dryness; cough, with a somewhat mucus expectoration, and now and then faint streaks of blood. The voice is changed. The mucous membrane of the throat is reddened. The writer has observed these symptoms in nine young men who rode the bicycle to excess several times a day. The mouth breathing, the rapidity and the pressure with which large quantities of air are forced into the larynx and lungs are the cause. In all cases avoiding of the cause was followed by rapid recovery.

Glycerine for Accelerating Labor.—For the induction of premature labor, and also for facilitating labor at term, Pelzer, in *Central Bl. F. Gynäk. (Brit. Med. Jour.)*, recommends the injection of one hundred cubic centimeters (about three and one-half ounces) of pure sterilized glycerine between the uterine wall and the membranes, under strict antiseptic and air-excluding precautions.

Sulphide of Calcium in Phthisis.—Dr. Witherle, of St. Paul, in a note in the *Medical Record* of January 7, asks physicians to make a trial of the sulphide of calcium in early phthisis. Dr. Witherle has used the drug a number of times and always with marked benefit and although the benefit has not been permanent in advanced cases, in at least two cases of well-marked phthisis in the early stages there has been a complete recovery. The drug is to be given in as large a dose as can be tolerated, which is usually found to be a grain every two hours. The *British Med. Jour.* has a note from a physician in Ceylon, who has used the sulphide of calcium successfully in elephantiasis arabum, a disease hitherto uninfluenced by medicine and supposed to be due to the presence of *filaria sanguinis hominis*. It should be remembered that sulphide of calcium deteriorates if exposed to the air, and must either be fresh or preserved in gelatine coated pills.

A New Death Test.—The *Monthly Hom. Review* relates a case in which the microphone was utilized, in Russia, to determine whether life was or was not extinct. A lady in St. Petersburg had suffered from hysteria and catalepsy, and one of these crises was followed by syncope. The medical attendant certified that death had taken place from paralysis of the heart, another medical man, Dr. Loukhmanow, saw the body and hearing the history, applied the microphone to the cardiac region, and detected faint beating. Efforts were made to restore life, and complete recovery ensued.

A Musical Anus.—At a recent meeting of the French Surgical Congress, in Paris, a man was exhibited who for some time has been earning a livelihood by playing musical airs with his anus in various places of public amusement. A history of this case, and a study of his methods, appear in a recent issue of the *Semaine Medicale*, by Dr. Baudouin. While still a boy, this person noticed that when bathing he could, by deep inspiration, draw water into his bowel. His friends encouraged him to cultivate this talent, which he did so assiduously that before many years he could not only draw up large quantities of water and expel it again with great force, but he also became able to draw in air. By alternately drawing in and expelling air through the anus, he imitated a number of musical instruments—as a trombone and a violin—and a bass voice. He is able to play different tunes, so that they may be readily recognized. Physical examination reveals nothing abnormal. The aspiration is caused by a remarkable voluntary control of the lower bowel and anus, combined with the power to create a negative tension in the abdomen by well-trained muscular action. The different tones are produced mostly by an artistic expulsion of the air through the anus, aided by movements of the buttocks. The lower bowel is so well under his command that he can entirely empty it at pleasure, thus avoiding any disagreeable odor during his performances.

Startling Statistics.—The Thirty-fifth Report of the Reformatory and Refuge Union states that in Great Britain and Ireland 145,000 persons are every year committed to prison as drunkards, of whom 112,000 are men and the rest women.

An English paper, from statistics taken from the press of the United Kingdom, reports the records of murders of women by inebriated husbands, since January 1, 1889, to January 1, 1891, to be 3,004.

In a late debate in the German Reichstag it was stated that there are at present 11,000 persons in hospitals and insane asylums who are suffering from delirium tremens.

The police report states that the licensed houses in London, England, number 14,085, giving one to every 413 of the population.

Of the 30,000 criminals in German prisons, 14,000 were arrested for crimes committed under the influence of intoxicating drinks.

Wash Fruits Before Eating Them.—The following curious instance is reported in a French journal by M. Schnirer of the ease with which tubercle bacilli may be disseminated. While at work one day in the laboratory of Weichselbaum, he sent for some grapes to refresh himself with. The fruit had been kept for some time in a basket outside the laboratory, and was covered thickly with dust, so that the water in which it was washed was absolutely black. On examining the water he reflected that, inasmuch as the neighboring street was traversed frequently by consumptive patients going to the clinic, the dust probably contained the desiccated sputa of these patients, charged with tubercle bacilli. To settle this point M. Schnirer injected into three guinea pigs 10 cub. centim. of the water in which the grapes had been washed. One animal died in two days from peritonitis, the two others died on the forty-eighth and fifty-eighth days respectively, presenting marked tuberculous lesions, especially at the place of injection. The water in which the grapes had been washed was taken directly from the faucet, and the glass containing it had been sterilized; neither the boy who had brought the grapes, nor the merchant who had sold them, was tuberculous. Hence the cause of infection was beyond doubt the dust on the grapes. This experiment illustrates the danger arising from the dissemination of desiccated tuberculous sputa in the air.

Rules for the Administration of Cocaine.—Dr. Magitot, in the *Repertoire de Pharmacie* for August 10, 1891, formulates the following rules which should govern the employment of cocaine as an anesthetic:

1. The dose of cocaine injected should be appropriate to the extent of the surface desired to render insensitive. It should not exceed in any case one grain to one and three-quarter grains. Each dose should be restricted in large surfaces.

2. Cocaine should never be employed in cases of heart disease, in chronic affections of the respiratory apparatus, or in nervous subjects; and this exclusion applies also to other anesthetics.

3. Cocaine should be injected into the interior and not under the derm of the mucous membrane of the skin. This is the intradermic method of reclus, which should be substituted for the hypodermic method. By this means the introduction of a substance into the vein is avoided and the risk of accidents minimized.

4. The injections should always be practiced upon the subject in a recumbent position, and he should only be raised when the operation is to be performed upon the head and mouth, and then only after anesthesia is complete.

5. The cocaine should be absolutely pure, since, as pointed out by Laborde, its mixture with other alkalies forms highly poisonous compounds.

6. Cocaine should be injected in divided doses, with a few minutes interval. This method of "fractional injection" renders it possible to guard against the production of sudden symptoms of poisoning.

Celluloid Substitute for Bone.—Billroth and other German surgeons report success in the use of celluloid to replace portions of the skull which have been loosened by injury, necessitating their removal. When the operation is done aseptically, suppuration does not occur.

The Influence of Alcohol upon the Sediment of Urine in Health.—Dr. Glaser has just completed a series of investigations on the above subject in the clinic of Prof. R. V. Jaksch, who summarizes the results of his observations as follows (*Wien. Med. Wochenschrift*):

1st. Alcohol in moderate quantity produces such a degree of irritation of the kidneys as to cause the wandering out of leucocytes and the formation of cylindrical casts; and in somewhat larger quantities giving rise to large masses of opalic and uric acid. The use of alcohol, he says, alters the solubility of the urinary salts, and this favors the deposition of oxalate of lime and uric acid.

2d. The effect of the ingestion of alcohol for a single time does not extend beyond thirty-six hours, but is cumulative by its continued use.

Ether as a Stimulant.—The *Lancet* is the authority for the statement that in a certain English temperance hospital ether is allowed as a stimulant instead of alcohol. Referring to the ether drinking vice in Ireland, it is truly said that it is affectation to regard the use of such an agent as morally or physically better than the use of approved forms of alcohol.

Prevention of Flea Bites (*Brit. Med. Journal*).—In my traveling-bag I habitually carry a small bottle of carbolic acid, on account of the torment which a chance flea inflicts upon me. If attacked, I take two or three pieces of waste paper, and upon each put a few drops of the strong acid, then roll them up and place them in different places around me in the bed. This effectually ends the annoyance. I think the pungent "disinfecting" acid is the most effectual.

MISCELLANY.

—The *Lancet-Clinic* says: to revive one who is "dead drunk," give five drops of aconite tincture in a teaspoonful of water. One dose is sufficient, as a rule.

—A writer in the *Lancet* has a specific for influenza which is in the reach of everybody, and is applicable without the advice of a physician. His process is to heat an iron shovel almost to redness, and pour into this half a teaspoonful of crude carbolic acid, carrying the shovel with the vaporizing acid all through the house, in both sleeping apartments and living rooms. The result of this method is the speedy recovery and the future prevention of the disease.

—Foot warmers composed of boxes of sodium acetate are used in the French railway carriages. The boxes are filled with the salt in a solid state, it is liquefied by putting the boxes in hot water, and during the five or six hours it takes again to solidify, heat is given off steadily.

—At the university of Edinburgh the medical commencement was held during the first week in August. Among those who received the degree of bachelor of medicine was an Indian Prince, Sir Baghat Singh Jareja, the Thakore Sahib of Ghoudal. He is said to be the first native Prince of Hindustan to acquire any Scotch medical diploma.

—Eleven deaths and seventy severe injuries resulted from foot-ball playing in England during the past season.

—An army medical board will be in session in New York during October, for the examination of candidates for appointment to the medical corps of the United States Army, to fill existing vacancies.

—Freeman, the historian, besides his many other illogicalities, was an anti-vaccinationist. He has just died of smallpox.

—The judge of a court in Havre, France, decided recently that an optician who gives a patient advice as to the condition of his eyes and prescribes glasses to remedy defective vision is guilty of the illegal practice of medicine, just as if he had ordered remedies or given medical advice without possessing a diploma recognized by the law.

—In severe paroxysms of coughing from whatever cause, a tablespoonful of glycerin in hot milk or cream will give speedy relief.

—The first duly qualified female pharmacist in Russia has opened an establishment in Warsaw. The ladies had, however, long before taken dentistry by storm, for it is noted that since the establishment of the first school of dentistry in St. Petersburg 135 female students have qualified, against 84 males.

—Dr. Tarnier, the eminent Paris professor of obstetrics, having observed with grief the diminishing birth-rate of his country, has determined to give practical expression to this feeling in a novel manner. He has promised a gift of one hundred francs to every family at Arc-sur-Fille, his native village, which shall have contributed an infant to the population of France during the year 1892.

—After extensive investigation, a German physician reports that more than 40 per cent. of all prisoners between the ages of 20 and 40 die of consumption and other tubercular diseases. His theory is that the cells are often infected with the tubercle bacilli of former prisoners, and are never efficiently fumigated before a new inmate is incarcerated.

—The late Dr. Walter Channing, one of the leading physicians of Boston, who lived to be ninety years of age, once told Colonel Higginson that in all of his wide experience he had never seen any one afraid to die when the last moment drew near.

—Dr. Bremer, of St. Louis, claims that there is a wide distinction between physiological and pathological liars. The physiological liar lies to get out of a tight place, and a pathological liar is one who lies for the sake of lying.

—Boric acid dissolved in glycerin is recommended by Dr. H. N. Joynt (*Jour. de Med. de Paris*) as a reliable means of disinfecting the throat in scarlatina. The throat and nares are thoroughly syringed out every three or four hours, or oftener, with this solution.

—Under a recent decision, medical bills in Michigan do not have a labor status entitling them to a first lien in case of bankruptcy.

—The population of Japan, according to the *Set-I-Kwai Medical Journal*, is about forty millions and a half. What is especially noteworthy is the large number of persons who attain the age of one hundred years and upwards. At the end of 1890, there were 81 persons 100 years of age, 46 of 101, 25 of 102, 7 of 103, 6 of 104, 1 of 105, 7 of 106 and 3 of 107. In other words, the total number of persons whose vital innings had reached "three figures" in the Japanese empire is 177, and the united ages of this "century" community yields the astonishing total of 10,937 years. The proof that the Japanese must have the faculty of longevity among them is further shown by the fact that in the aged decade (90 to 99) there were living there at the end of 1890 11,245 persons, a stupendous number indeed.

—The night medical service of this city is dead. The same service thrives in Paris.

—Dr. John Cunningham died at his home in Washington, Pa., February 10th, in his one hundredth year.

—Dr. Ignaz Vonberg, professor of chemistry in the University of Kiev, is 101 years old.

—Four deaths from chloroform are reported in the *British Medical Journal*, January 16th, 1892, all of which were during January.

—The *Columbus Medical Journal* records the claim of Dr. X. C. Scott and Dr. A. R. Baker, of Cleveland, that gonorrheal or purulent ophthalmia can always be promptly cured by the use of drops in the diseased eye of a solution of the deodorized tincture of opium, each ounce of which contains five grains of boric acid and five grains of the sulphate of hydrastis.

—A Florida physician, graduate of the Jefferson Medical College of Philadelphia, says that he has been enabled for many years to make a positively correct prognosis in nearly every case by seeing the ghost of the patient sitting by the bedside either as a corpse or restored to health.

—According to Berillon, out of every ten children, taken indiscriminately from every class in society, eight may be hypnotized at the first or second trial. But the singular part of the subject is that children who have the most marked hereditary nervous taint are the most difficult to hypnotize.

—A new remedy has been added to the long list in the treatment of that intractable disease, diabetes, in the "Wild Bilberry."

—Leucorrhoea is, according to Dr. Louis Bauer (*Jour. Am. Med. Assn.*) often due solely to constipation, hence clearance of the bowels of their fecal contents is in many cases the most effective treatment of that troublesome disorder.

—The normal pulse rate of Napoleon was under forty beats to the minute.

—Judging from the income tax returns in Berlin the practice of medicine is not particularly lucrative in that city. Nearly one-half the profession make less than \$750 per annum, only 250 make \$2,000 and only 170 more than \$2,500 a year.